



**Statement of Expenses
District 27-D1 Cabinet**

Name _____

Address _____

City _____ Zip _____

Reason _____

Lodging: _____ Nights @ \$75.00 per Night (Attach receipts) \$ _____

Meals: _____ Days @ \$25.00 per Meal (Attach receipts) \$ _____

Miscellaneous: _____ (Attach receipts) \$ _____

Round Trip Miles _____ @ \$.50 per mile \$ _____

Total Expenses \$ _____

Date(s): _____

Location(s): _____

Signature : _____

Date of Request : _____

“Allowances Based on Lions Clubs International Rules of Audit”

**Mail to : William Severson – District 27-D1 Treasurer
P.O. Box 16
Mount Horeb, Wi 53572**

Please submit expense claims within 30 days after they are incurred

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