



**District 27-D1  
District Convention Expense Form**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please use this form to list expenses below along with either the reason or budget category for the expense for tracking purposes. Remember to attach all receipts to this form.

**Expenses to be considered for Reimbursement:**

Date:	Reason/Budget Category:	Expense:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Reimbursement:

\$ \_\_\_\_\_

I certify that all expenses list above were incurred for the benefit for the District 27-D1 Lions Convention and I am requesting to be reimbursed for these expenses. See convention budget items list below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

“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**

**Email: [wcseverson@gmail.com](mailto:wcseverson@gmail.com)**

**Please submit expense claims within 30 days after they are incurred**

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