



State 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

Please submit expense claims within 30 days after they are incurred

District 27-D1 record of payment

Date Paid _____ Check # _____ Amount Paid \$ _____ Account # _____
Phone: 608-843-3710 Email: wcseverson@gmail.com

Budget Expense Categories

Examples from the past

Gift to L.C.I.F in name of Guest ID
Food except the cabinet/CEP meetings
Complimentary Rooms
Necrology
Flowers
Registration Materials
Hospitality Night (and Entertainment)
20/24 tables @ \$10 ea & service charge
Raffle licenses 2 @ \$25.50 each
ID/PID Breakfasts
International Director dinner
Program Printing
Reimbursement to Lioness
Speaker flag
Honorariums
Postage-stenographic
Raffle tickets
Raffle prizes(sports balls)

mail: wcseverson@gmail.com