

PENNSYLVANIA LIONS SUB DISTRICT 14-N EXPENSE FORM

Name: _____ District _____
 Address: _____
 Expenses Attending _____ As _____
 At: _____ Date _____

Date: _____ Breakfast _____ \$ _____
 Lunch _____ \$ _____
 Dinner _____ \$ _____
 (Meals may not exceed a total of _____ in any one day.)
 Hotel _____ \$ _____

Date: _____ Breakfast _____ \$ _____
 Lunch _____ \$ _____
 Dinner _____ \$ _____
 Hotel _____ \$ _____

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 Lunch _____ \$ _____
 Dinner _____ \$ _____
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 Dinner _____ \$ _____
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Date: _____ Breakfast _____ \$ _____
 Lunch _____ \$ _____
 Dinner _____ \$ _____
 Hotel _____ \$ _____

Date: _____ Breakfast _____ \$ _____
 Lunch _____ \$ _____
 Dinner _____ \$ _____
 Hotel _____ \$ _____

CAR MILAGE _____ MILES AT _____ CENTS PER MILE \$ _____

OTHER TRANSPORTATION: TRAIN, BUS, PLANE _____ \$ _____
 (Receipt must be attached)

MISCELLANEOUS EXPENSES: (TOLLS, ETC.) _____ \$ _____

TOTAL _____ \$ _____

DATE _____ SIGNED _____

SUBMIT TO DISTRICT GOVERNOR FOR APPROVAL AND REIMBURSEMENT.

NOTE: RECEIPTS MUST BE ATTACHED FOR HOTEL, MEALS, EXPENSES AND TOLLS.

DISTRICT GOVERNOR _____ DATE _____

CABINET SECRETARY _____ DATE _____