

PENNSYLVANIA LIONS SUB DISTRICT 14-N

EXPENSE FORM

REGION AND ZONE CHAIRPERSONS

Name: _____ District _____

Address: _____

Expenses Attending _____ As _____

At: _____ Date _____

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

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

TOTAL _____ \$ _____

DATE _____ SIGNED _____

SUBMIT TO DISTRICT GOVERNOR FOR APPROVAL AND REIMBURSEMENT.

NOTE: ANY RECEIPTS MUST BE ATTACHED.

DISTRICT GOVERNOR _____ DATE _____

CABINET SECRETARY _____ DATE _____