

LIONS OF TEXAS

Multiple District 2 • Lions Clubs International

P.O. Box 294509 • Kerrville, Texas 78029

LionsStateOffice@TexasLions.org

Fax 830.896.5755

TRAVEL EXPENSE FORM

NAME: _____

TITLE: _____ DISTRICT _____

MAILING ADDRESS: _____ PHONE _____

**EXPENSES ARE REIMBURSED ACCORDING TO THE GENERAL REIMBURSEMENT POLICY OF
LIONS CLUBS INTERNATIONAL**

COUNCIL MEETING [] OR STATE CONVENTION [] HELD ON _____

TRIP FROM _____ TO _____

AUTOMOBILE: TOTAL MILES ROUND TRIP _____ @ 50¢ PER MILE \$ _____

AIRLINES ECONOMY FARE (ATTACH CANCELLED TICKET) \$ _____

MEALS: 3 DAYS ALLOWED (NOT TO EXCEED \$25.00 PER MEAL) \$ _____
(ATTACH ITEMIZED RECEIPTS)

LODGING: 3 NIGHTS ALLOWED (NOT TO EXCEED \$100.00 PER DAY) \$ _____
(ATTACH HOTEL RECEIPTS)

TOTAL EXPENSES \$ _____

**THE EXPENSE REPORT AND ALL RECEIPTS MUST BE SUBMITTED TO THE MD2 STATE
OFFICE NO LATER THAN THE 20TH OF THE FOLLOWING MONTH.**

I understand that by virtue of signing this expense claim, it becomes a part of the association's official records and may be subjected to review by parties normally allowed to make such inspections. By signing, I represent to the best of my knowledge and belief that all listed expenses were actually incurred and are in conformity with the association's Rules of Audit.

SIGNED _____ DATE _____

**Note: MD2 banks electronically and addresses of payees appear automatically.
If you have a new address, please advise. New Address _____ YES _____ NO**