



International Association of Lions Clubs

Multiple District 27 – D2

2024-2025 Statement of Expenses

*Expense claims and receipts must be submitted for approval **within 30 days** after incurred to:*

27-D2 Cabinet Secretary/Treasurer
Cabinet Treasurer Lion Sam Whitebear

410 Red Spruce Ave

Baraboo, WI 53913

Phone: 1-608-393-5615

iamsam6425@yahoo.com

District Governor Team GMT/GLT District Committee _____

Name: _____ District: **D2**

Street: _____

City & Zip: _____

Travel Dates: _____

Reason: _____

Please attach receipts Allowance based on Lions Clubs International "General Reimbursement Policy"

Item	# of Nights/ # Meals / # Round Trip Miles	Maximum Reimbursement	Sub-Total
Lodging		\$100/night	
Meals		\$25/meal	
Mileage		\$.50/mile	
Miscellaneous			
TOTAL			

Signature: _____ Date: _____

Office Use Only Below

Approved by Treasurer: _____

Date Paid _____ Check # _____ Amount Paid _____ Account # _____