

**Lions Clubs of Iowa
District 9NE
Payment Voucher 2015/2016**

Name: _____ Date: _____

Cabinet Position: _____ Event: _____

Address: _____ City: _____ Zip: _____

Expenses:

Mileage (round trip) _____ @ \$0.35 / mile \$ _____

Meals (\$25 Per Day max) _____ @ \$ _____

Lodging _____ @ \$70.00 / day \$ _____

Postage, misc., etc (include receipts) \$ _____
(original receipts required)

TOTAL REIMBURSEMENT REQUEST: \$ _____

Signature Required: _____