



LIONS CLUBS OF IOWA - DISTRICT 9NE
Reimbursement Request 2020-2021







Name _____ Date _____

Cabinet Position: _____ Event: _____

Address: _____ City: _____ Zip _____

EXPENSES:

(REQUIRED: Include original receipts)

<u>Description</u>	<u>Miles or \$\$\$</u>		<u>Total</u>
 Mileage (round trip)		@ \$0.35/mile	\$
 Meals		\$35/day max	\$
 Lodging		\$80.00/day	\$
 Misc.			\$

TOTAL REIMBURSEMENT REQUEST \$ _____

Signature Required _____

Please submit to: Fred Abraham, Treasurer
 District 9NE
 2831 Abraham Drive
 Cedar Falls IA 50613

FOR OFFICE USE ONLY		
Date Paid _____	Amount Paid _____	Check Number _____