



**LIONS CLUBS OF IOWA - DISTRICT 9NE**  
**Reimbursement Request 2021-2022**







Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_ Club \_\_\_\_\_

Cabinet Position \_\_\_\_\_ Approver \_\_\_\_\_ Budget Line Item \_\_\_\_\_

**EXPENSES:** (REQUIRED: Include original receipts)

**Note: 1 completed form required for each trip. Please type or print clearly.**

<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. (Specify)			\$ _____
<b>TOTAL REIMBURSEMENT REQUEST</b>			<b>\$ _____</b>

**COMMENTS:**

**Recipient Signature Required** \_\_\_\_\_

Please submit to: Fred Abraham, Treasurer  
 District 9NE  
 2831 Abraham Drive

<b>FOR OFFICE USE ONLY</b>		
Date Paid _____	Amount Paid _____	Check Number _____