



LIONS CLUBS OF IOWA - DISTRICT 9NE
Reimbursement Request 2023-2024



Name _____ Date _____





Address: _____ City: _____ Zip _____ Club _____

Cab. Position _____ Event _____ Budget Line item: _____

Approver _____ Approval Date: _____

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)	_____	\$ _____
TOTAL REIMBURSEMENT REQUEST		\$ _____

Description of request: _____

Recipient Signature Required _____

Please submit to: Kathy Duke, Treasurer
 District 9NE
 3804 Pheasant Drive
 Cedar Falls IA 50613

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