

# DISTRICT 25 – EXPENSE FORM



First Name and Last Initial: District Position: Email Address:

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			Mileage .55/km		\$25 per meal and \$75 per day				
Date	Description of Expense	Hotel	Mileage (km)	\$ Amount	Meals	Literature	Supplies	Other	Total
Total Reimbursement									

Total Reimbursement \*PLEASE REMEMBER TO ATTACH RECEIPTS\*

Notes:


Issued Cheque#: Date:

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Authorized By: (Print First Name & Last Initial) Date:

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District Committee Member Signature:

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