

## DISTRICT 40 EXPENSE REPORT FORM

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

STREET \_\_\_\_\_ AREA # \_\_\_\_\_ DIVISION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

❖ Must attach receipts or proof of expenses to this form, except for mileage claim.

TRAVEL: list the purpose of each trip. List total miles for each round trip; then multiply by 0.26 cents per mile.

Account Code	Date	From City	To City	Total Miles		Total
Purpose of trip>				@ \$.26 per mile	Amount >>>>>	

Expense Code	Date	From City	To City	Total Miles		Total
Purpose of trip>				@ \$.26 per mile	Amount >>>>>	

For Long distance telephone calls please attach a copy of the bill and list below the date, person called and purpose of the call. For other expenses, (i.e. postage, printing, envelopes, and office supplies) attach receipts.

Account Code (Leave blank for Treasurer)	Date	Person Called or Expense Item	Purpose of call or Expense Item	Amount claimed
<b>Claimant's Signature&gt;&gt;</b>			<b>Total of expenses claimed&gt;&gt;&gt;</b>	<b>\$</b>

Claimant **MUST** attach proof of cost being claimed and sign the expense form to receive payment.

Check Number	Date	District Governor's Signature	District Treasurer's Signature
Year			Send to: Bud Watkins 3271 CR 130 Bellefontaine, Oh 43311