



DISTRICT 27-A1 TRAVEL and EXPENSE CLAIM

eMail along with receipts to treas27a1@gmail.com
or mail to District 27-A1 c/o Ted Cain
33438 Washington Ave
Burlington, WI 53105

FOR OFFICE USE ONLY

Check # _____

Mailed _____

Approved _____
Governor Tal Janowitz

Name: _____ Address: _____ City, St. Zip: _____

as it should appear on check

\$25 MAX

\$75 MAX

Miles @ 50 cents

DATE	CLUB NAME / MEETING NAME / DESCRIPTION	CODE	MEALS	HOTEL	AIR FARE	OTHER	MILES	TOTAL

PURPOSE OF VISIT (Please indicate in "CODE" column)

Sub-total:

C = Club Visits (including priority clubs)

O = New Club Organization

D = District Meeting or Convention (including Club Officer Orientation (held 60 days prior to or after the Int'l Convention)

M = Multiple District Meeting or Convention

Signature

Date submitted

Grand Total:

Revised 7/17/2023

Expense claims must be submitted by the 20th of the following month.

No payment will be made beyond 60 days past due.