

# 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

Name: (as it should appear on check)	Address:	City, Etc.
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DATE	CLUB NAME / MEETING / DESCRIPTION	CODE	\$25 Max MEALS	\$100 Max HOTEL	AIR FARE	OTHER	@ 50 Cents MILES	TOTAL
GRAND 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: \_\_\_\_\_

*Expense claims must be submitted by the 20th of the following month.  
 No payment will be made beyond 60 days past due.*