

Travel Expenses

North Carolina Lions, Inc.  
 PO Box 39  
 Sherrills Ford, NC 28673



|         |       |     |                     |
|---------|-------|-----|---------------------|
| Name    |       |     | Office or Committee |
| Address |       |     | Email               |
| City    | State | Zip | Phone               |

| Date | Purpose of Trip | Miles | Amount .31/mile | Meal Allowance | Lodging | Total |
|------|-----------------|-------|-----------------|----------------|---------|-------|
|      |                 |       |                 |                |         |       |
|      |                 |       |                 |                |         |       |
|      |                 |       |                 |                |         |       |
|      |                 |       |                 |                |         |       |

|  |                          |
|--|--------------------------|
|  | Amount to be reimbursed. |
|--|--------------------------|

Show date and purpose of trip.  
 Meal Allowance: Breakfast \$5.00, Lunch \$8.00, Dinner \$12.00  
 Lodging: \$70 per night. Attach Hotel Bill.

All reimbursements will be made in accordance with the Policy adopted by the Board of Directors. **Note! Travel Expense Claims are to be submitted by the 30th of the month (Except February 28th) following the reporting month.**

I hereby certify that the above named individual did attend the meeting(s) listed and did provide this service.

\_\_\_\_\_  
 Carlton V. Metts, Executive Director

I hereby certify that the above expenses have been incurred by me in service to the NCLF and include only such expenses as were necessary in performing that service.

\_\_\_\_\_  
 Signature Date

I do not request reimbursement, but ask that the NCLF certify that I did attend the meeting(s) listed and did provide this service to the NCLF.

\_\_\_\_\_  
 Signature Date