

Travel Expenses

North Carolina Lions Foundation, 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.
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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