

Kansas Lions District 17-A

Expense Voucher

Name: _____

Lions Title: _____

Address: _____

City/State/Zip: _____

Purpose of Expense: _____

Date: _____

Amount: _____

Paid to: _____

Note: Receipts should be attached to document expenses when available.

Mileage: _____ (miles 1 way x 2 @ .28/mile) \$ _____

Motel/Hotel (attach copy of receipt) \$50. Per night allowed \$ _____

Other (itemize)

Total Other Expenses \$ _____

Total Expenses Claim \$ _____

Signature _____

Date _____

Send Expense Voucher to: Lions District 17-A Treasurer
Ron Nichols
501 East 13th Street
Tonganoxie, KS 66086
coachronnichols@gmail.com