# DISTRICT OFFICERS AND CHAIRPERSONS
# EXPENSE FORM

YOUR NAME: _____ Office Held: _____
MAILING ADDRESS:_____
_____
_____
_____

Expenses This Report From: _____ To _____

| DATE | DETAIL OF EXPENSE | KILOMETRES | AMOUNT |
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TELEPHONE EXPENSES ATTACH BILL _____
POSTAGE AMOUNT ATTACH RECEIPT _____
TOTAL CLAIMED _____

AUTO ALLOWANCE IS $0.10 PER KILOMETRE

EXPENSE AUTHORISED BY _____ (Governor)

PAYMENT ISSUED DATE: _____ CHEQUE # _____

Mail this report to your District Governor for authorization, then it will be forwarded to the treasure for payment.

NO EXPENSE OVER 120 DAYS OLD WILL BE PAID WITHOUT PRIOR ARRANGEMENTS