



Multiple District 27-D2

2023-2024 Statement of Expenses

Expense Claims and receipts to be submitted for approval to:

Vice District Governor Lion Georgine Erickson
E9916 Trout Rd
Wisconsin Dells, WI 53965-9772

Cell: 608-448-9036

Georgine.erickson@gmail.com

Name & Office Held: _____

Address: _____

City & Zipcode: _____

Travel/Event Dates: _____

Reason: _____

Please attach receipts for lodging and meals.

Item	#of Nights, Meals, & Mileage	Maximum Reimbursement	Sub-Total
Lodging		\$75 per night	
Meals		\$25 per meal	
Round Trip Miles		\$0.50 per mile	
Miscellaneous			

Total _____

Signature & Date: _____

**This form must be submitted in a timely manner and will not be accepted after the end of the fiscal year(June 30th).