

Expense Reimbursement Form

Lions Diabetes Awareness Foundation of MD 35

Name:
Address:

Date Prepared: _____

Receipts / Documents required

Date	Paid to	For	Club	Mileage **	Amount
					\$
				TOTAL	\$

**Mail to: Gary Hardacre
13321 NW 146 Avenue, Alachua, Fl 32615**

**** Mileage is \$.50 per mile**

Signature : _____

Check No: _____

District: _____ Approved By: _____

Date Sent: _____