



# BEMIDJI LIONS CLUB EXPENSE CLAIM FORM

Submit all expense claims to: Club Treasurer  
P. O. Box 3045  
Bemidji, MN 56619-3045

Please print legibly.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attach receipts to this request.

Dates and Reasons Expense Incurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Expenses and Reimbursements in U.S. Dollars.

| Date                          | Vendor | Amount (\$) | Project (describe) | Check if fund-raiser | Check if admin. | Paid (\$) |
|-------------------------------|--------|-------------|--------------------|----------------------|-----------------|-----------|
|                               |        |             |                    |                      |                 |           |
|                               |        |             |                    |                      |                 |           |
|                               |        |             |                    |                      |                 |           |
|                               |        |             |                    |                      |                 |           |
|                               |        |             |                    |                      |                 |           |
|                               |        |             |                    |                      |                 |           |
|                               |        |             |                    |                      |                 |           |
|                               |        |             |                    |                      |                 |           |
| <b>TOTAL EXPENSE CLAIMED:</b> |        |             |                    |                      |                 |           |

Submitted by \_\_\_\_\_ (Signature required)

Approved by \_\_\_\_\_ (Signature required)

Check Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_