

DISTRICT IV
 BOARD OF DIRECTOR'S EXPENSES
 (Please attach receipts)



Name: _____ Date: _____

Address: _____ Position: _____

TRAVEL: If airfare, attach receipts

Date	Event	From	To	Miles	Rate	Total Mileage or Airfare
					x .43	
					x .43	
					x .43	

Total Travel _____

MEALS: Flat \$50/day, no receipts required

Dates	Event	City	No. Days	Rate	Total
				x \$50	
				x \$50	
				x \$50	

Total Meals _____

LODGING: Up to \$150 per day, attach receipts

Dates	Event	City	Total

Total Lodging _____

OTHER EXPENSES: Please describe type, i.e., scholarship, new lodge, membership, etc.

Date	Type	Total

Total Other Expenses _____

TOTAL EXPENSES _____

Signature: _____