

MD27 Wisconsin Lions Expense Report

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DATE	Event	Category (budget item)	Miles	# Meals	# Nights	Misc Costs	Total \$ @ \$.50/mile		Meals MAX \$25/meal		Hotel MAX \$150/day		TOTAL		
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RECEIPTS MUST ACCOMPANY THIS EXPENSE REPOR											TOT	AL	\$	-	
			- - -		Expense claims & receipts must be submitted for approve within 30 days of being incurred to:						oroval				
Please include your address in the above lines. I represent to the best of my knowledge & belief that all expenses listed were actually incurred & are in conformity with LCI General Reimbursement Policy					DG - James Klubertanz jrklube@live.com 608-838-3319										
Signature	/ Date	-			Approved I	Зу									