

Sons of Norway

District Lodge 5

Director Expense Report

2016-2018

Approval	
Date Paid	
Check #	
Amount	



Director Name: _____

Home Address City, State & Zip _____

Date of Report: _____ Zone: _____

SECTION A: Director Travel & Visitation:

Dates	Name & Number of Lodge	Location (City/State)	Mileage	Purpose of Visitation	Hotel (*)	Meals (**)	Tolls	Mileage and/or Airfare (***)	TOTAL
					\$ -	\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL - SECTION A:					\$ -	\$ -	\$ -	\$ -	\$ -

SECTION B: District Board and District Lodge Meetings:

Dates :	Location (City/State)	Mileage	Rate	Hotel (*)	Meals (**)	Tolls	Mileage and/or Airfare (***)	TOTAL
			0.41	\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL - SECTION B:				\$ -	\$ -	\$ -	\$ -	\$ -

Mileage is \$.41 per mile (June 26, 2016 - 75% of IRS rate)

* = Single room rate; must have receipt attached to this report.
 ** = Receipts required, but will only be reimbursed up to the current P & P manual in effect.
 *** = ANY airfare expense **requires prior approval** of the District President.

SECTION C: Other Director Expense:

Date of Expense:	Purpose of Expense:	Phone	Postage	Copies	Supplies and Other	TOTAL
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL - SECTION C:						\$ -

(NOTE: Receipts for ALL section "C" expenses must be attached to this form.)

I certify this expense report accurate as to actual and necessary Fifth District lodge expenses:

TOTAL OF EXPENSE REPORT [(A) + (B) + (C)]:

Director Signature: _____
 (Report MUST be signed in order to be reimbursed.)

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