

Sons of Norway

District Lodge 5

Director Expense Report

2019

Approval
Date Paid
Check #
Amount



SONS OF NORWAY

District 5

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:					\$ -	\$ -	\$ -	\$ -	\$ -

(A)

SECTION B: District Board and District Lodge Meetings:

Dates :	Location (City/State)	Mileage	Rate	Hotel (*)	Meals (**)	Tolls	Mileage and/or Airfare (***)	TOTAL
			0.43	\$	\$	\$	\$ -	\$ -
				\$	\$	\$	\$ -	\$ -
TOTAL - SECTION B:				\$ -	\$ -	\$ -	\$ -	\$ -

(B)

Mileage is \$.43 per mile (2019 - 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:						\$ -

(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.)

\$ -