## District Six, Sons of Norway Expense Claim

## **LODGE /EVENT VISITATION**

Lodge Name: Event	Date	Miles Traveled	Mileage Amount	Tolls Parking		Lodging	В	L	D	Meals	Other	Total
							Ц	_				
		<del> </del>					H	+				
							Ħ	1				
		<u> </u>					Н					
							H	+				
Total Lod	ge/Event Vis	sitation									\$	
Other Expenses:								Pu	rp	ose:		
Postage/Fed X/UPS	\$	S	_									
Printing	\$	S	_									
Office Supplies	\$	;	-									
Leadership Events	\$	;	-									
Auto Rental	\$	5	<del>-</del>									
Other Travel Expense	\$	;	_									
Other	\$	S	-									
Total All	Other Expen	ses \$		-								
					Total Cla	aim:					\$	
Name		-	Lodge #	-	Phor	ne Numbe	r	-		e-r	nail	
Address		_	City		-	State	ī			Zip		
I certify that all expens			-				С	alc	cul	ations Ch	ecked	
the Sixth District Board	l, Sons of No	rway, and ar	e within				_				1	
the budget.							Da	ite	: .		Initials:	
<u> </u>			_				Ch	ec	k I	Number:		
Signature							Da	ite	:			
Date			_									

Rev. 5/2022

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**General Instructions** 

## All reimbursements will be made as provided for in the District Six Policy Book

Persons eligible for District expense reimbursement: Board members representing the District and other members authorized by the President.

All requests for reimbursement must have original receipts attached and submitted to the District Treasurer within sixty days of their incurrence.

When attending a meeting where there is an established rate charge by the hotel - charges in excess of that rate, even if those charges are less than the Policy Book states, will not be reimbursed.

All expenses incurred in the excess f the budget or not covered by the budget require the approval of the District President.

Approval for special travel and expe	enses not covered by budget.	
Expenses approved:		
	District President	Date
Mail Completed form to:		

Benny Jo Hinchey 34210 N. Beeblossom Trail San Tan Valley, AZ 85142

Questions: Phone: (480) 242-2915 E-Mail: <a href="mailto:treasurer@sofn6.org">treasurer@sofn6.org</a>