

District Six, Sons of Norway Expense Claim

LODGE /EVENT VISITATION

Lodge Name: _____ Date _____ Miles _____ Mileage _____ Tolls _____ Airfare _____ Lodging B L D _____ Meals _____ Other _____ Total _____
 Event _____ Traveled _____ Amount _____ Parking _____

Lodge Name: Event	Date	Miles Traveled	Mileage Amount	Tolls Parking	Airfare	Lodging	B	L	D	Meals	Other	Total

Total Lodge/Event Visitation \$ _____

Other Expenses: _____ Purpose: _____

Postage/Fed X/UPS \$ _____ _____

Printing \$ _____ _____

Office Supplies \$ _____ _____

Leadership Events \$ _____ _____

Auto Rental \$ _____ _____

Other Travel Expense \$ _____ _____

Other \$ _____ _____

Total All Other Expenses \$ _____ -

Total Claim: \$ _____ -

 Name Lodge # Phone Number e-mail

 Address City State Zip

I certify that all expense claimed have been authorized by the Sixth District Board, Sons of Norway, and are within the budget.

Calculations Checked

Date: _____ Initials: _____

 Signature

Check Number: _____

 Date

Date: _____

District Six, Sons of Norway

Expense Claim

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 of the budget or not covered by the budget require the approval of the District President.

Approval for special travel and expenses not covered by budget.

Expenses approved:

District President

Date

Mail Completed form to:

Benny Jo Hinchey
2004 S Fannin St,
Amarillo, TX 79109

Questions: Phone: (480) 242-2915

E-Mail: treasurer@sofn6.org