North Carolina District 31—L

Expense Reimbursement Request

Date of Request _____**Payee**_____

Mail to Address _____

_____

Budget Line *	**Description**	**Amount**

1. **Paid receipts/Invoices MUST be attached to Back of this form**
2. **Your description must relate the expenditure to district business or project**
3. _____

   Member signature requesting reimbursement

Submit electronically to perkynick7@gmail.com or Snail Mail @

Lion Kathy Nichols, 2110 Cumming Woods Ct, Hendersonville, NC 28739

Please Note the treasurer may have changed but the form may not be updated. Check your district website or directory for the most current information.

_____ _____

District Governor Signature Treasurer Signature

- **Treasurer use only:**

Date Paid _____Check Number _____