



MEMBERSHIP DEVELOPMENT GRANT EXPENSE CLAIM FORM

Expenses submitted for reimbursement must be incurred after grant is approved by the MDC.
 All Membership Development Grant expenses must be accompanied by a Progress or Final Report.
 All Membership Development Grant expenses must be accompanied by an event sign-in sheet.
 Each expense listed on claim form MUST be accompanied by a detailed receipt or invoice.
 Please use currency on receipt. LCI will do all currency conversions.
 Please only put one receipt per line on the form.

Please refer to the Membership Development Grant Rules of Expense Reimbursement for qualifying expenses.

Line	Date	Food and Beverages (List of participants required)	Lodging	Airline, Taxi, Parking, Tolls (No Fuel) (No Mileage)	Program Expenses				Totals
					Printing, Photocopying, Supplies	Meeting Room, Audio/Visual Rental	Advertising, Promotion, Photography	Miscellaneous Expenses (Must be on approved Budget)	
1	15-Jan-22	394.84							394.84
2	1-Dec-21						48.50		48.50
3	9-Dec-21	105.30							105.30
4	11-Dec-21							81.20	81.20
5	15-Dec-21				42.86				42.86
6	18-Nov-21							227.50	227.50
7									0.00
8									0.00
9									0.00
10									0.00
11									0.00
12									0.00
13									0.00
14									0.00
15									0.00
16									0.00
		500.14	0.00	0.00	42.86	0.00	48.50	308.70	

Attach all original receipts. Please use one form per currency and note currency paid. Do not convert.

Expense Total	900.20
Total Reimbursable Of Total (75%)	675.15
Type of Currency	US Dollars

Approved expenses will be reimbursed at the rate of 75% of the total approved expenses incurred unless other expenses are reported that equate to the 25% funding match requirement.

Miscellaneous Expenses: (Please itemize miscellaneous expenses here.)

\$81.20 is shipping supplies, \$227.00 is for patches

Make sure type of currency is entered above.

I represent to the best of my knowledge and belief that all expenses listed were actually incurred and conform to the association's Membership Development Grant Rules of Expense Reimbursement. I understand that by virtue of signing this expense claim, it becomes a part of the association's official records and may be subject to review by parties normally allowed to make such inspections.

75-Q District/MD	23 # of Participants	Form W-9 submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<i>Tracy Gray</i> Grant Administrator Signature	1/15/2022 Date	99999999 EIN#:
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<i>John Smith</i> District Governor/Council Chairperson Signature	1/16/2022 Date	IRC#:
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Make sure form is signed by 2 people.

FOR LCI USE ONLY			
Currency	Total	Rate	Total USD

RECEIPT		No: 1
Paid by: Lions – Membership Grant		Paid to: Maumee Bay State Park
DESCRIPTION		AMOUNT
Registration for the Winter Retreat		\$ 125.00
Hotel Room for 2 nights \$112.00		\$ 224.00
SUBTOTAL		\$ 349.00
DISCOUNT(S)		
TAX		\$ 45.84
TOTAL		\$ 394.84
Date: 1/15/22		

Each receipt should be on a separate line. The date and total amount on receipt should match claim form. See line #1 on claim form.

Wed, Dec 1, 2021 at 10:24 AM

INVOICE #176 DETAILS



The Printing Express

Dear Lions Club,

Here's your invoice! We appreciate your prompt payment.

Thanks for your business!
The Printing Express

12/01/2021

Color Copies:

\$48.50

250 X \$0.194

Subtotal

\$48.50

Tax \$0.00

Total \$48.50

Balance due \$48.50

Each receipt should be on a separate line. The date and total amount on receipt should match claim form. See line #2 on claim form.

***** Revised *****

Giovarnis Pizza Power of South Point

302 4th ST N
South Point, OH 45680
Phone: 740-377-4575

Ord #113

To Go

Emp: Joshua S. 12/9/2021 6:25 PM

2 19 Cheese Pizza	29.00
Pepperoni	3.80
Sausage	3.80
Onions	3.80
Green Peppers	3.80
Mushrooms	3.00
5 2L	11.25
ocks	
1 19 Cheese Pizza	14.50
Pepperoni	1.90
1 19 Cheese Pizza	14.50
Pepperoni	1.90
1 Chef Salad	6.75
No Dressing	
1 Garden Salad	4.25
NO Tomatoes	
Fat Free Italian Dressing	
1 20oz Bottle	2.25
water	

Subtotal	105.30
Tax	0.00
Total	105.30
Visa 2207 Payment	105.30
Tip	_____
Total	_____

Each receipt should be on a separate line. The date and total amount on receipt should match claim form. See line #3, 4 and 5 on claim form.



UNITED STATES POSTAL SERVICE.
POLAND
125 W MCKINLEY WAY
YOUNGSTOWN, OH 44514-9998
(800)275-8777

12/11/2021 11:39 AM

Product	Qty	Unit Price	Price
US Flag Bklt/20	7	\$11.60	\$81.20
Grand Total:			\$81.20
Credit Card Remitted			\$81.20
Card Name: VISA			

Explain miscellaneous expenses. These are expenses that were approved in the original budget, but do not fit into one of the categories on the claim form.



Office DEPOT OfficeMax
BOARDMAN - (330) 629-2001
12/15/2021 7:12 PM

VPTT39AP6U3XYXBEM

SALE 6101-3-5741-1007393-21 11.2

322736 ENV, A9, 50PK, WH	
2 @ 9.99	19.98
You Pay	19.98SS
100633 LETTERHEAD	
2 @ 9.99	19.98
You Pay	19.98SS
Subtotal:	39.96
Sales Tax:	2.90
Total:	42.86
Visa 8871:	42.86

AUTH CODE 02828D
TDS Chip Read



INVOICE

Date: 11/18/21

Subject: [REDACTED] Lion Catching Club patch

To: District [REDACTED] Lions Club

3.75" EMBROIDERED PATCH, 100% THREAD COVERAGE, HEAT SEAL BACKING

50 @ \$4.55PC = \$227.50

TOTAL = \$227.50

Payment is required before production begins. No charge for tax or shipping. We accept Mastercard, Visa, Discover, American Express and check. To make the payment you may go to <https://goldcaliberdesign.com/payment/> Please submit the requested information. If sending a check please make it payable to Recognition Services Inc. and send to the address below. Thank you!

7098
GEORGETOWN RD.
SUITE 200
INDIANAPOLIS, IN
46268

877 - 808 - 9400
FAX 877 - 808 - 3565

Each receipt should be on a separate line. The date and total amount on receipt should match claim form. See line #6 on claim form.

Explain miscellaneous expenses. These are expenses that were approved in the original budget, but do not fit into one of the categories on the claim form.