

**District Travel Reimbursement Request
Request for Unused Travel Funds**

Officer Name/Title: _____

District: _____

Address _____

Total Travel Costs \$ _____

Attach Original Reimbursement Request
Amount Previously Reimbursed _____

Amount Requested \$ _____

Signature: _____ Date: _____

Approval of District Governor: _____

Minutes from DAC meeting when request was authorized must be attached.

Request can only be made after all club visits have been made.

Send Request of Pilot International Headquarters Attn: Lia

For Office Use Only

Number of Clubs in District: _____ x \$75 = Club Visit Allotment \$ _____

Reimbursements Made: \$ _____ Number of Clubs Visited _____

Amount Available for this Request: \$ _____

Amount Available after this Request \$ _____

Expense Classification: Club Visit Line 74420 Approved: _____ Date: _____