



Pilot District Travel Reimbursement Form

Officer name and title	
Mailing address	
District name	
Clubs visited with dates	
Total eligible reimbursement (actual expenses up to \$75 per club)	
Please itemize actual expenses to verify they reached \$75/club	<ul style="list-style-type: none"> Mileage @ \$0.41/mile (include report from online mapping program) Tolls and/or parking Airline receipt and authorized approval Other
Signature and date	
Governor signature and date	

Submit form to District Treasurer and to Pilot Headquarters, Attn. Accounting

Office use: Club Visit Line 74420 Approved: _____ Date: _____