Coupeville Lions Club

PO Box 473
Coupeville, WA 98239

Member Expense Claim Form

Pay to: ______________________
____
____

Date: (mm/dd/yy)

Phone ______________

Email ____________________

Admin ____ or **Foundation** ____ (Use separate forms)

Date	Purpose *	Paid to	Description	Amount
			Total	0.00

* For example, Garage Sale, Salmon BBQ, Clerical, Membership

Member Signature: ______________________________

If you are submitting this forma via email, please change the file name to include your name and the date. Original copies of receipts will still be needed.

Date Paid:	
Check #:	