

2022-23 LIEUTENANT GOVERNOR MILEAGE FORM CONTACT VISIT

In order to provide you with the proper mileage reimbursement for your required club visits, please complete this form or waive reimbursement below. You must submit the required report prior to requesting mileage reimbursement.

Once completed, please forward to melanie.kiwanis@gmail.com

Name: _____ Division: _____

I would like to receive mileage reimbursement: Yes: _____ No: _____

I am waiving my reimbursement (type in initials please): _____

Email: _____

Total number of clubs in your division as of October 1, 2022: _____

Mileage starting from (Address): _____

Date	Club Name	One-way Mileage

Signed _____ Date