2025-26 LIEUTENANT GOVERNOR MILEAGE FORM

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 Contact Visit, Official Visit, or Board Visit report prior to requesting mileage reimbursement.

Once completed, please send to: Governor Tommy Mills (tommymills.kiwanis@gmail.com) and copy District Secretary James P. Lewis (flkiwanis.districtsecy@gmail.com) and District Treasurer Keith Hatch (keithhatch@kiwanisfl.com)

Name: _____ Division: _____

I would like to receive the 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, 2025: _____

Mileage starting from (Address): _____

Date	Club Name	Purpose of Visit	Mileage

_____ Signed _____ Date