# OPTIMIST INTERNATIONAL

4494 Lindell Boulevard, St. Louis, Missouri 63108 (314) 371-6000 • FAX (314) 371-6006

# EXPENSE STATEMENT

Please Print or Type

Date Filed _____

Name_____ Period Covered_____

Address_____ City/State/Province _____

Purpose and City Host Area Committee - 2021 Atlanta Int'l Conv Planning Meeting - Atlanta, Georgia

| Day of Week | Totals | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | | | | | | | | | | | | |
| City | | | | | | | | | | | | |
| 1. Per Diem | | | | | | | | | | | | |
| 2. Auto Storage | | | | | | | | | | | | |
| 3. Airport Bus | | | | | | | | | | | | |
| 4. Parking | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| **Total for Day** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plane, Railroad: Attach copy of ticket | | | | | | | | | | | | |
| Auto: Total Miles _____@ $0.29 per mile | | | | | | | | | | | | |
| **Total Expenses** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Payment to be made in (check only one)** ☐ **U.S. Dollars** ☐ **Canadian Dollars**

**Explanation:** _____

| Account No. | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **TOTAL** | 0.00 |

Signature

Title

Approved by

**FORM A - FOR PERSONS ON PER DIEM**

Revised: 5-27-04