

**CENTRAL ONTARIO DISTRICT
LIEUTENANT GOVERNOR ENTITLEMENT REQUEST FORM**

Name _____ Zone _____

As Lt. Governor, I am requesting the Lt. Governor Entitlement for the:
{Please check appropriate space}

1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter _____

I certify that I have fulfilled the duties for the office which I was elected, including preparation and conducting Zone Meetings; made regular visits with the clubs within the zone, completed necessary paperwork and participated at district conferences whenever possible.

Signature: _____
SIGNATURE NOT REQUIRED IF E-MAILED

The entitlement must be requested prior to September 30, 2012.

Please return the completed form to:

District Secretary/Treasurer:
Susan Lyng
19 Shieldmark Cres.
Thornhill, ON L3T 3T6

Or
susanlyng@rogers.com

For Office Use Only:

Budgeted: _____ - Issued _____ = Remaining _____

Paid by Check # _____

Approved by Governor _____