

Puyallup South Hill Rotary

Member Reimbursement Request

Event Name: _____

Event Date/s: _____

Project Leader: _____

Date Budget Approved: _____

Event Purpose:

Final Expense Total (all receipts must be attached): _____

Project Leader's Signature: _____ **Date:** _____

Banking Treasurer's Signature: _____ **Date:** _____

Check # _____ **Date of Reimbursement:** _____