

# EXPENSE REIMBURSEMENT



## SILVERDALE ROTARY CLUB

Member Name \_\_\_\_\_

Contact email/ phone \_\_\_\_\_

Reimbursement should be to: \_\_\_\_\_

Date	Complete Description/Purpose	Dollar Amount\$

Total Reimbursement Amount \$ \_\_\_\_\_

Please attach all related invoices and receipts to this request.

Signed by \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement requests are due to the Treasurer by the end of the following month in which the expenses were incurred.**