

**ROTARY CLUB OF SITKA
REQUEST FOR REIMBURSEMENT OR DISBURSEMENT**

EVENT/PURPOSE: _____ DATE: _____

YOUR NAME: _____

AMOUNT REQUESTED/PAID: \$ _____

Please attach invoices and/or receipts. Check one of the following:

- Paid by Rotarian, please reimburse
- Pay vendor directly, invoice attached
- This is a donation

PURPOSE OR ITEM: _____

DATE SUBMITTED: _____ DATE PAID: _____

ACCT: _____ CHECK #: _____

ROTARY CLUB OF SITKA
P.O. BOX 1967
SITKA, AK 99835

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