

SITKA ROTARY CLUB
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 #: _____

SITKA ROTARY CLUB
PO Box 6185
Sitka, AK 99835

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