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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