

Rotary Club of Lethbridge Sunrise
Request for Payment

Name _____

Address _____

Phone _____

Email _____

Receipt # (Please attach)	Date	Receipt Payee	Category/Purpose/Project/ Details	Payment Method - (Cash/Cheque/ Credit Card)	Currency CDN/USD	Amount	Conv. Rate (if applicable)	CDN\$ Amount
1					CDN		1	
2					CDN		1	
3					CDN		1	
4					CDN		1	
5					CDN		1	
6					CDN		1	
7					CDN		1	
Subtotal								
MILEAGE	Date	Where travelled	Purpose of Trip	Kms travelled	Rate/Km	Do not use	Do not use	Claim
1					0.35			
2					0.35			
3					0.35			
Subtotal								

Total

FOR OFFICE USE ONLY

Date _____

Prepared by _____

Amount of Cheque _____

Payee _____

Account/Project _____

Cheque # _____

Paid by _____

Comments _____

NOTES

1. Reimbursement for travel (mileage) is calculated based on the number of kms travelled at the per Km rate as outlined by District 5360. No fuel receipts are necessary. You may use Google Maps or Mapquest to confirm kms travelled.

2. If claiming expenses in \$USD, please provide copy of receipt as well as copy of Credit Card Statement showing actual exchange paid and/or evidence of exchange rate if paid with cash (i.e receipt for conversion of \$CDN to \$USD)