|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SUBMITTED BY:**  | **DATE SUBMITTED:** |  |  |
|  | **Please attach receipts** |  |  |  |
|  |  |  |  |  |
|  | Expense Purpose/ Description | Date of expense | Amount |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
|  |  |  |  |  |
|  | Total Expenses |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | (For Office Use) APPROVED BY: | Date Paid | Check # |  |
|  |  |  |  |  |

**Bring this form and your receipts to a Central Lakes Meeting**, **or** **Mail your Form and Receipts to**:

Central Lakes Rotary Club
PO Box 587
Pequot Lakes, MN 56472

**Please provide your mailing address below**: