

Rotary Club of Poland
P. O. Box 5063
Poland, Ohio 44514

Rotary



Reimbursement From _____

Date _____ Submitted by (Member Name) _____

Purpose of Expense / Invoice: _____

Event: (If applicable): _____

Date	Description	Total
Receipts must be attached for reimbursement or payment		Subtotal
		Less Cash Advanced
		Total Due

* Is amount owed to you (member) or to be paid to entity on receipt?

Member Signature: _____ Date: _____

Make Check Payable to: _____

Club President Approval (Signature): _____

Treasurer Approval (Signature): _____