**Rotary Club of Killeen Heights**

**Request for 2012-13 Payment/Reimbursement**

Person requesting payment/reimbursement

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee

Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Budget Line Item/Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of expense(s)

Payable to

Address for Payee

Signature of Person requesting payment Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval/Disapproval by Club President (circle one) Date

Amount Allowed by Club President if Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Procedures for Payment:**

Complete Request for Reimbursement.

Attach any invoices and receipts. Receipts must be turned in prior to receiving payment.

If request is for mileage, please show computation.

Give completed form to: Or email to: shannan66@gmail.com

Shannan Shipman

215 W. Ave D

Killeen, TX 76541

**NOTE: To ensure reimbursement, request should be approved prior to incurring expense with a maximum allowed amount notated. If you go over approved amount, you may be responsible for additional expenses.**