

## ROTARY CLUB OF TACOMA REQUEST FOR REIMBURSEMENT

NAME: \_\_\_\_\_  
 Mail check \_\_\_\_\_  
 to this \_\_\_\_\_  
 address \_\_\_\_\_  
 DATE: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Expense	Reason for Expense	Committee	Amount	Office Use
Total				

Committee Chair's Name:  
 \_\_\_\_\_

Officer's Signature:  
 \_\_\_\_\_

Committee Chair's Signature:  
 \_\_\_\_\_

Officer's Signature:  
 \_\_\_\_\_

Please attach any receipts for which you are requesting reimbursement.