



Bridgton-Lake Region Rotary Club

- _____ Expense Reimbursement
- _____ Pay Attached Bill and Mail Check
- _____ Provide Check for Hand Carry
- _____ Date Needed _____

Payee _____ **Amount** _____

Address _____

Reason for Expense _____

All Expenses Not Billed Directly To The Club Requires 2 Board Members Signatures

Signature _____ Signature _____

Print _____ Print _____

For Internal Use:

Date Paid _____

Club Expense _____

Check Number _____

Foundation Expense _____

Amount _____