



Franklin Rotary

Pennsylvania Club 5138 | District 7280

PO BOX 589
FRANKLIN, PA 16323

EXPENSE FORM

Please complete this expense form and submit it along with your receipt(s) to the Club Treasurer for accounting and/or reimbursement.

Member Name: _____

Expense Type:

Receipts Only Reimbursement Requested

Expense Date: _____ Amount: \$ _____

Was this expense for a specific committee or project?

Committee or Project name: _____

Is the expense an approved budgeted item, event, or project?

YES NO

Brief description of expense:

If member reimbursement is required, whom should the check be payable to:

Payable to: _____

MEMBER SIGNATURE

DATE

FOR CLUB TREASURER			
ACCOUNT:	<input type="checkbox"/> General Fund	CHECK #:	
	<input type="checkbox"/> Fundraising Fund		
DATE PAID:		INITIALS:	