**Rotary Foundation of Whidbey Westside**

**Check Request and Expense Reimbursement Form**

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| --- | --- |
| **Date Requested:** |  |
| **Pay to:** |  |
|  |
| **Approved by:****(Treasurer or Director of Event)** |  |
| **Description of Expense** | **Event/Program** | **Date of Expense** | **Amount** **(include receipt)** |
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| **Total** |  |