**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** | | | |  |