

Downtown Rotary Club of Palestine Expense Reimbursement Form

Reimbursements must be submitted on this form to the club treasurer within 30 days after the expense was incurred or 7 days before the end of the fiscal year, whichever comes first. Funds are dispersed by the club treasurer.

Date Requested: _____ Member Name: _____

WHO TO MAKE THE CHECK PAYABLE TO: _____

Instructions for Completing This Form

1. Enter all of the required information above.
2. Enter the date that the expenditure occurred below.
3. Describe the reason and/or purpose of the expense below.
4. Attach any relevant receipts, credit card statements, etc. to this form.
5. Sign and date where indicated.
6. Submit the completed form (with attachments) to the club treasurer.

Please note that every field constitutes required information and must be completely filled in. If necessary, attach additional sheets. Incomplete submittals will be returned unprocessed.

| Date of Expense: | Description of Expense: | Expense Amount: |
|------------------|-------------------------|-----------------|
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| | | |
| Total Expenses | | \$ |

By signing my name below, I certify that all information contained in this Expense Reimbursement Form is accurate. I understand that entering false information is grounds for immediate termination of my membership, and may result in legal action against me.

| Member Signature | Date Submitted | Approved Signature | Date Approved |
|------------------|----------------|--------------------|---------------|
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