

**Rotary District 5040
EXPENSE CLAIM FORM 2023-2024**

Mail / Email to:
Kaz Kadono
Rotary District 5040 Treasurer

Claim Number _____

district5040.treasurer@gmail.com

Cell 778-242-1408

Submitted By: _____

Name: _____

Address: _____

City/Postal: _____

Position: _____

Telephone: _____

Email: _____

Receipt #	Date Incurred	Payment Made To:	Description of Expense	Expense Category	Amount in US \$	Exchange Rate	Exp Claim in CDN \$
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
							\$ -

Signature: _____ Reimbursement by Interac e-Transfer: _____ Yes / No _____ Date: _____

Approved by: _____ Email address if different from above: _____ Date: _____

Please attach all receipts and put the receipt # (per the above line #) on the receipts if possible.
For the 2023-2024 year, Rotary International has approved travel reimbursement at \$.68 per kilometer
Examples of expense category: AG travel, Club visits, District Assembly, Membership, Foundation, PR, Training, PETS, RLI, etc.