



DISTRICT OFFICE  
 502 Ellis Street  
 Penticton, BC V2A 4M3  
 T 250-492-8821 F 250-492-8288

\*For E-Transfer a Physical Street Address is REQUIRED - NO P.O. Box\*  
 \*Please submit a VOID cheque with your first claim to establish E-Transfer\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Position & Club: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Committee if applicable: \_\_\_\_\_

1. Please attach **SCANNED** receipts of paid invoices for which you are seeking reimbursement.
2. In the case of credit cards, please use a **SCANNED** receipt instead of waiting for the statement.
3. Submit expenses as soon as possible. We cannot guarantee reimbursements submitted after 30 days.

| Date of Expense | Description      | USD \$ | CAD \$ | Detail (Purpose) | Account Code |
|-----------------|------------------|--------|--------|------------------|--------------|
|                 | mi @ \$ 0.59 USD |        |        |                  |              |
|                 | km @ \$0.59 CAD  |        |        |                  |              |
|                 |                  |        |        |                  |              |
|                 |                  |        |        |                  |              |
|                 |                  |        |        |                  |              |
|                 |                  |        |        |                  |              |
|                 |                  |        |        |                  |              |
|                 | <b>TOTAL:</b>    |        |        |                  |              |

*I certify that the expenses submitted with this form were incurred on behalf of Rotary International District 5060.*

CLAIMANT SIGNATURE \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

**Submit to District Office:**

Jeanine Nickel CGA  
 HLW Chartered Professional Accountants  
 502 Ellis Street  
 Penticton, BC V2A 4M3  
 Fax 250-492-8288  
[jeanine@hlw-cpa.com](mailto:jeanine@hlw-cpa.com)

|               |       |
|---------------|-------|
| <b>x</b>      |       |
| Authorized by | Date  |
| Date Paid     | Chq # |