



PAYMENT VOUCHER

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 @ \$0.63 USD				
	km @ \$0.68 CAD				
	TOTAL:				

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

X	
Authorized by	Date
Date Paid	Chq #