



**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 @ \$0.41 USD				
	km @ \$0.40 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 #