

**ROTARY DISTRICT 5240 CHARITABLE FOUNDATION
TRAVEL GRANT FINAL REPORT**

Project Information

Travel Grant Number _____ Project Country _____
Global Grant Number (if applicable) _____

Sponsoring Rotary Club: _____ District: 5240

Host Partner Rotary Club: _____ District: _____

Project Narrative

a. What were your original objectives?

b. What did you accomplish?

c. What are the future plans as a result of this trip?

Who Traveled

Name	Rotary Club

Expense Statement

Currency Used: _____ Exchange Rate: _____ = 1 USD

11. Expenses (add rows as needed) (Please attach receipts/documentation)

Budget Items	Name of supplier	Currency	Amount (USD)
1.			
2.			
3.			
4.			
5.			
6.			
Total Expenses (USD)			

13. Amount Requested from District Charitable Foundation (US Dollars) \$ _____

Only expenses listed in the approved DCF Travel Grant application are eligible for reimbursement. Reimbursement will be on a dollar for dollar match basis up to the amount in the approved DCF Travel Grant

14. Certifying Signature – The current Club President must certify the Travel Grant Final Report.

By signing this report, I confirm to the best of my knowledge that these travel grant funds were spent according to DCF-approved guidelines and that all of the information contained herein is true and accurate. Original receipts for all expenses incurred will be kept on file for at least five years, or longer if required by local law, in case they are needed for auditing purposes. I also understand that all photographs submitted in connection with this report will become the property of District 5240 Charitable Foundation and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant District 5240 and the District 5240 Charitable Foundation a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary at the DCF's sole discretion. This also includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibitions and any other promotional materials of District 5240 and the DCF.

Print Name:

Signature:

Date

Make Check Payable To:

Mail To:

15. Approving Signature – The District Charitable Foundation Grants Chair must approve the report.

Print Name:

Signature:

Date