

# Expense Claim Form

# Rotary District 5370



From (Name):

Address:

Email:

Orange Hub, Room 402  
10045 156 St NW  
Edmonton AB T5P 2P7

D5370 business or activity:

Kilometrage: From:

To:

Total kilometers x 0.68:

Total Km's:

Date	Description	Transportation/Mileage Total Km's @ \$0.68	Lodging Attach receipts	Long Distance Attach Receipts	Other Specify & attach receipts if applicable	Total
<b>Subtotal</b>						
<b>Total due</b>						

**Please Note: Hotel bills must show zero balance owed.**

Date:

Claimant Signature

Date:

Approved by:

District Governor or Designate

Treasurer

Date Paid: \_\_\_\_\_

Cheque No:

Budget Code:

Make a copy for your own records

Receipts must be attached to expense form.

**Important Payment Information:**

RI District 5370 utilizes Electronic Processing of payments. To ensure prompt payment of this request, complete provide your direct deposit information:

\_\_\_\_\_ Information has already been provided OR

\_\_\_\_\_ New or revised direct deposit information:

Transit Number (5 digit) \_\_\_\_\_ Institution Number (3 Digit) \_\_\_\_\_

Account Number \_\_\_\_\_