

Request for Reimbursement
Rotary District 5390

This form is used to claim reimbursement for official expenses incurred by individuals on behalf of District 5390

Email this form to the District Governor for payment approval.

Make Payment to:

Rotary Position:

Mailing Address:

City: State: Zip code:

Telephone:

E-Mail:

Please be specific on the what and why of the expenditure (For example: AG travel for quarterly visit to Club xyz; or, Postage for mailing District Assembly information)

Attach Receipts

Date	Description of Expense	Class	Amount

Approval (DG/DGE):