Rotary
District 5810
North Texas

REIMBURSEMENT REQUEST FORM

Requested by	
Date Submitted	
Address	
Telephone number	

Purpose of reimbursement and expense (be brief)

What you spent

Vendor	Date	Amount
Continuing sheet		
Total reimbursement requested		$0.00

You may attach or email a detail using Excel. Attach all receipts or images of receipts as PDF forms. Do not

Date Paid		GL Code	
Check #		Cost Center	
Approval by		GL Code	

Email form to Michael Conway - mconway@conwaycpas.com