



District 7300 Reimbursement Request

From _____ Date _____

Club _____ Phone _____

Committee/Authorizing Officer _____

Description / Comments / Cost

Check payable to _____

Send reimbursement check to:

Name _____

Address _____

City, State, Zip _____

Pay by date, if not ASAP _____

PAY TOTAL AMOUNT \$ _____

Documentation for Reimbursement Payment:

Invoice attached None Available Expect Bill by Mail

Signature _____

Date _____

Send request to: Walt Sickles, District Treasurer
706 Ridge Road
Ambridge, PA 15003

Cell: 724 462-6929
Home: 724 266-9060
Fax: 724 266-0903

walt.rotarydg1314@yahoo.com

To be completed by District Treasurer

Date received _____

Date entered _____

Date check issued _____

Check number _____
