|  |  |
| --- | --- |
|  | District Expense Payment Reimbursement Form |

Completed form should be sent to the District Treasurer for appropriate reimbursement.

John Gessert

treasurer@rotarydistrict5650.org

402.904.2482

**Mail to:**

Rotary International District 5650, Inc.

Attn: District Treasurer

P.O. Box 711

Boystown, NE 68010

(To ensure delivery, address as shown above.)

**Enter items for reimbursement here:**

|  |  |  |
| --- | --- | --- |
| Budget Account # | Description | Amount |
| 1.      |       | $      |
| 2.      |       | $      |
| 3.      |       | $      |
| 4.      |       | $      |
| 5.      |       | $      |

**TOTAL AMOUNT REQUESTED $**

**Receipts must be attached.**

Check should be payable to:

|  |  |
| --- | --- |
| NAME: |  |
| ADDRESS: |  |

Submitted by:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | Date: |       |