

EXPENSE REIMBURSEMENT



District 5450

Date _____

| | Account | Amount |
|--|-------------------------------------|------------------------------------|
| Committee Event/ Purpose of Expense | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | Total Requested | <input type="text"/> |
| Receipts Attached? (Required for Payment) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| Requested by: | |
|----------------------|----------------------|
| Name | <input type="text"/> |
| Telephone | <input type="text"/> |
| Email | <input type="text"/> |

| Make Check Payable to: | |
|-------------------------------|----------------------|
| Name | <input type="text"/> |
| Mailing Address | <input type="text"/> |
| | <input type="text"/> |

Send Form to:
office@rotary5450.org

Authorization Signature

Authorization Signature