

# Rotary International District 7190, Inc. Expense Reimbursement/Bill Payment Request

**Payment should be written to and mailed to the following:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Expenses/Bill - Please include Receipts/Invoices:**

<u>Date</u>	<u>Description of Expense</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total to be Paid:**

Authorizing Signature: \_\_\_\_\_

Notification Email: \_\_\_\_\_

Date

**For District Use:**

District Governor Approval: \_\_\_\_\_

Finance Chair Approval: \_\_\_\_\_

District Treasurer Use: \_\_\_\_\_

Account Category

Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Form can only be processed with copies of receipts/invoices. Payment can only be made with approval of both the District Governor and District Finance Committee Chair.