



# District 5340 – Reimbursement or Check Request Form

Type	
Reimbursement	
Check Request	
Other	

<b>Request Date:</b>		<b>District Governor Approval</b>	
<b>Check Payable To:</b>			
<b>Mail Check To:</b>		<b>Committee Chair Approval (if required)</b>	
<b>Street Address:</b>			
<b>City, State, Zip</b>		<b>District Treasurer (if required)</b>	
<b>Email:</b>			
<b>Phone:</b>		<b>District Governor Line Approval (if required)</b>	
<b>Requester:</b>		<b>Requester Signature:</b>	

Expense Description	Date	Event Location	PYMT Method	Budget Category	Budget Year	Vendor Name	Amount (USD)
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$

Notes: Add additional explanations in the block below.

<b>Total Expense Amount</b>	\$
<b>Non-Reimbursable Amount</b>	\$
<b>Total Reimbursement</b>	\$