

Rotary

D5180



Expense Reimbursement - Payment Request 2019-2020

Form must be completed entirely for reimbursement. Use Adobe Acrobat Reader to enable calculation feature.

Requested by: _____

E-mail: _____ Phone: _____ Cell: _____

Reimburse me or Pay invoice directly Invoice/Receipts attached (Required)

Date of Expense	Expense Description (Item or Service and District Purpose)	Amount
Date of This Request:		Total

Signature of Requestor: _____

DG Signature: _____ Treasurer Signature: _____

Make Check Payable to: _____

Mail Check to: _____

All expense requests go to the Treasurer for initial review.

Email Request Form with Receipts or Invoice to:

Dominic Mecklenburg dmecklenburg@comcast.net