

Expense Reimbursement - Payment Request 2018-2019

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

| Requested by: | | | | |
|-------------------------|----------------------------|---|----------------------|--|
| | | Cell: | | |
| | ne or Pay invoice directly | Invoice/Receipts attached | (Required) | |
| Date of Expense | Expense Description | on (Item or Service and <u>District Purpose</u>) | Amount | |
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| | | | | |
| Date of This Request: | | Total | | |
| Signature of Requestor: | | | | |
| DG Signature: | | Treasurer Signature: | Treasurer Signature: | |
| Make Check Payable to: | | | | |
| Mail Check to: | | | | |
| | | | | |
| | | | | |

All expense requests go to the District Governor for initital review.

Email or Mail Request Form with Receipts or Invoice to:

E-mail: RotaryJackArney@gmail.com

Rotary International District 5180 1701 Bella Circle Lincoln, CA 95648