

Rotary

D5180



Expense Reimbursement - Payment Request 2025-2026

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

Requested by: _____

Email _____ Phone: _____ Cell: _____

<input type="checkbox"/>	Reimburse me or	<input type="checkbox"/>	Pay invoice directly	Invoice/Receipts attached
Date of Expense	Expense Description (Item or Service and <u>District Purpose</u>)		Amount	
Date of This Request:			Total	0.00

Signature of Requestor: _____

District Governor 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:
Jim Fritzsche, District 5180 Treasurer, at: jim@saccpa.com
916-730-6525