Rotary D5180

Expense Reimbursement - Payment Request 2026-2027

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

Requested by: _____

Email_____ **Phone:**_____**Cell:** _____

☐ **Reimburse me or** ☐ **Pay invoice directly** **Invoice/Receipts attached**

Date of Expense	Expense Description (Item or Service and District Purpose)	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