



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

Email _____ **Phone:** _____ **Cell:** _____

Invoice/Receipts attached

Signature of Requestor: _____

District Governor Signature:_____ **Treasurer Signature:**_____

Make Check Payable to:

Mail Check to: _____

[Bob Deering - bobdeering5180@gmail.com](mailto:bobdeering5180@gmail.com)