

Expense Reimbursement - Payment Request 2024-2025

**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** |
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| **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:

**Janice Gage, District 5180 Treasurer, at:** [**jangage43@gmail.com**](file:///C%3A%5CUsers%5Cvacca%5CDownloads%5Cjangage43%40gmail.com)

**916-599-4398**