

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** |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
| **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:\Users\vacca\Downloads\jangage43@gmail.com)

**916-599-4398**