Rotary International District 7810

Travel and Out of Pocket Voucher

Name _____

Address _____

Period _____ From _____ To

			$	Category: Admin		
Expenses						
Mileage	_____	@ 0.38	0.00			
Accomodations						
Meals						
Transportation						
Other						
_____						
_____						
_____						
_____						
Total Expenses for reimbursement			0.00	0.00	0.00	0.00

Purpose

_____

_____

_____

Signature _____ Date _____

Approval _____ Date _____
Governor or Governor Elect

I hereby wish to donate the above total expenses for reimbursement to "The Rotary Foundation Annual Fund - Share"

or donate the following amount [ ]

Signature _____ Date _____

RI member number _____

All amounts listed on this form are in Canadian dollars unless otherwise indicated.