

Remit Address:

Hawkins Ash CPAs
c/o Rotary District 6250
500 S. 2nd St., Suite 200
La Crosse, WI 54601-4029

**Expense Reimbursement Request**

(for District 6250 related expenses)

Today's Date: _____

Requestor's Name: _____

Email Address: _____

Please Note: Backup information must be submitted along with this "Expense Reimbursement Request." For example: (1) Receipts are required for all expenditures; (2) the finalized and signed contract, and a W-9 must be attached for all contracts. Payment will not be processed until all required and completed documentation is received.

Vendor/Payee Information

Payable To: _____

Address: _____

Bank Routing #: _____

Bank Account #: _____

Pay By:☐ Check☐ Credit Card*

*If already paid, date: _____

Expense Detail

Date	Description of Expense Incurred	Budget Code or Description	Amount

I certify that the expenses recorded on this "Expense Reimbursement Request" were incurred on behalf of District 6250.

Note: Current IRS mileage reimbursement rate is 76 cents per mile.

Total Amount Due:

Signature: _____

Date: _____

Submit completed form and supporting documentation to Rotary District 6250 via email at accounting@rotary6250.org Please confirm the mailing address in the upper right box. Requests will be forwarded to the District Treasurer for payment. Issued checks will only be valid for 60 days.

Form Updated: 7/16/2026