

District 5495 Expense Reimbursement Request

2019-2020

ver 7.7.2019

Date(s)	Description and/or Purpose	Attendees / Participants (for mtgs, meals)	Budget Item	Amount
			TOTAL DUE:	\$0.00

Make Check Payable To:

Name

Address

[If you submit a photo copy of a voided check, your reimbursement can be transferred directly to your checking account.](#)

D5495 REIMBURSEMENT REQUEST FORM

Requester Information

Name

Address

Signature

Date

Approvals

District Governor _____

District Treasurer _____

Committee Chair (If Required) _____

Date

Date

Date

[CLICK HERE to e-mail District 5495 Treasurer](#) OR [mail to Rotary District 5495 Treasurer, P O Box 1807, Chandler, AZ 85244](#)