



**Request for Payment/Reimbursement
2024-2025**

Person requesting payments/reimbursement _____

Your phone number _____ Email _____

District Position/Committee _____

Amount Requested _____ Budget Line Item/Account _____

Reason for Reimbursement _____

Payable to _____

Address for Payee _____

Signature of Person requesting payment

Date

Approval of District Governor

Date

Procedures for Payment:

1. *Complete Request for Payment*
2. *Attach invoice or receipt*
3. *If request is for mileage, please attach the reimbursement worksheet*
4. *Send to District Governor for approval at:*

Doug Smith
18 W. Upshaw, Temple, TX 76501
or email: dgdougsmith5870@gmail.com

District Governor Doug will forward to the District Treasurer for payment