



**Request for Payment/Reimbursement  
2026-2027**

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:*

Jeff Coleman

19608 Mallard Pond Trl, Pflugerville, TX 78660

or email: [JeffColemanRotary@gmail.com](mailto:JeffColemanRotary@gmail.com)

**District Governor Jeff will forward to the District Treasurer for payment**