



Request for Payment/Reimbursement
2023-2024

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:

Bob Crouch
606 Preakness Dr, Copperas Cove, TX 76522
or email: rotarybob5870@gmail.com

District Governor Bob will forward to the District Treasurer for payment