

ROTARY DISTRICT 6510
EXPENSE REIMBURSEMENT FORM

LAND OF LINCOLN PETS

EXPENSE REIMURSEMENT FORM

Send completed form and supporting documentation to General Chair.

Date _____

Payee Name _____

Address _____

Amount _____

Requested by _____

Address _____

Phone _____

Mail check to: Payee

Requesting party

Other _____

Explanation _____

Charge to program or budget line item: _____

Approved by Committee Chair _____

Date _____

Approved by General Chair _____

Date _____