



Rotary District 5060

DISTRICT OFFICE
502 Ellis Street
Penticton, BC V2A 4M3
T 250-492-8821 F 250-492-8288



PAYMENT VOUCHER

Name: _____

Address: _____ Position & Club: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Fax: _____ Email: _____

Committee if applicable: _____

1. Please attach **SCANNED** receipts of paid invoices for which you are seeking reimbursement.
2. In the case of credit cards, please use a **SCANNED** receipt instead of waiting for the statement.
3. Submit expenses as soon as possible. We cannot guarantee reimbursements submitted after 30 days.

Date of Expense	Description	USD \$	CAD \$	Detail (Purpose)	Acct. Code
	mi @ \$0.41 USD				
	km @ \$0.40 CAD				
	TOTAL				

I certify that the expenses submitted with this form were incurred on behalf of Rotary International District 5060.

CLAIMANT SIGNATURE _____

DATE SUBMITTED _____

Submit to District Office:
 Jeanine Nickel CGA
 Harvey, Lister & Webb Incorporated
 502 Ellis Street
 Penticton, BC V2A 4M3
 Fax 250.492.8288
 jeanine@harveylisterwebb.com

<input checked="" type="checkbox"/>	
Authorized By	Date
Date Paid	Cheque Number