



Rotary District 5060

DISTRICT OFFICE
c/o 201 – 1967 E. Trans Canada Hwy.
Kamloops, BC V2C 4A4
T 250 377 8688 F 250 377 8689



PAYMENT VOUCHER

Name: _____

Address: _____

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

Fax: _____ Email: _____

1. Please attach **ORIGINAL** receipts of paid invoices for which you are seeking reimbursement.
2. In the case of credit cards, please use the **ORIGINAL** receipt instead of waiting for the statement.
3. Submit expenses as soon as possible. We cannot guarantee reimbursements submitted after 60 days.

Date of Expense	Description	USD \$	CAD \$	Detail
	mi @ \$0.40 USD			
	km @ \$0.38 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 Assistant District Treasurer:
Heather Robinson
 201 – 1967 E. Trans Canada Hwy.
 Kamloops, BC V2C 4A4
 F 250 377 8689
 hrobinson@kam-ca.com or
 treas@rotary5060.org

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