

Rotary year 20 -20		Rotary District 7210 Expense Voucher	
Person Requesting Reimbursement → (Please Print)			
Street Address to send check → (Please Print)			
Town/State Zip to send check → (Please Print)			
Which Line Items are to be charged? Include Line name and number ↓	Description of expense ↓ (Brief)	Expense Amount ↓ (Claimed)	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	Total amount of reimbursement →	\$	