

Rotary District 7260 Reimbursement Request

Report Date: <input style="width: 95%;" type="text"/>	Committee <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Purpose: <input style="width: 98%; height: 40px;" type="text"/>			
Rotarian Information			
Name: <input style="width: 95%;" type="text"/>		Title: <input style="width: 95%;" type="text"/>	
E-mail Address: <input style="width: 95%;" type="text"/>		Contact Telephone #: <input style="width: 95%;" type="text"/>	
Address: <input style="width: 95%; height: 30px;" type="text"/>		City, State, Zip <input style="width: 95%; height: 30px;" type="text"/>	
Reimburse Information			
Payee Name: <input style="width: 95%;" type="text"/>		Mailing Address: <input style="width: 95%; height: 30px;" type="text"/>	
Itemized Expenses		City, State, Zip <input style="width: 95%; height: 30px;" type="text"/>	
Attach Receipts:			
Cash			
Credit Cards			
Checks			
TOTALS:			
YOU MUST OBTAIN AN OFFICER OF THE DISTRICT AS WELL AS A COMMITTEE CHAIRPERSON (IF APPLIES) SIGNATURE BEFORE SUBMITTING YOUR EXPENSES FOR REIMBURSEMENT			
<u>OFFICER SIGNATURE:</u>			
<u>CHAIRPERSON SIGNATURE:</u>			

