

ROTARY DISTRICT 5630 2020-21 EXPENSE REIMBURSEMENT REQUEST

Name: _____ Club: _____
Address: _____ City/Zip: _____
Phone: _____ Email: _____

Date	Description	Cost	Receipt Attached
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL AMOUNT DUE _____

Mail to: Bob Taylor
11550 Cornhusker Rd
Alma, NE 68920
eMail completed form to: botaylor2205@hotmail.com

Received by DG Bob Taylor _____ Approved to Pay: _____ From Account _____

Received by District Treasurer Brooke Robertson _____ Paid-Check # _____
Amount Paid \$ _____
Date Paid: _____