

ROTARY DISTRICT 5630 2021-22 EXPENSE REIMBURSEMENT REQUEST

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

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

TOTAL AMOUNT DUE _____

Mail to: DG Bob Mayber
2611 Cedarberry Rd.
North Platte, NE 69101
eMail completed form to: DG.2021@5630mail.org

_____ requested by, please sign

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

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