Rotary Club of Salida

Request for Expense Reimbursement

Name: _____ Date: _____

Expenses Authorized by Committee Chairperson or Officer (Describe)

CLUB SERVICE ITEMS

	$ -

Total Amount to be Reimbursed (Please Attach All Receipts):

Signature: _____

Signature of Committee Chair or Officer Approving Reimbursement: $ -

Please turn in request for reimbursement along with receipts to the treasurer at the next weekly club meeting. Reimbursements will be paid promptly upon receipt. If this form is not accompanying the receipts, reimbursement may be delayed until authorization is obtained.