

## ROTARY DISTRICT 5630 2023-24 EXPENSE REIMBURSEMENT REQUEST

Name: \_\_\_\_\_ Club: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date	Expense Description	Expense Amt.	Receipt?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

TOTAL AMOUNT DUE \$ 0.00 Reset Form

Mail to: DG Glenn Knuth  
 1922 W. 4th St.  
 Grand Island, NE 68803  
 eMail completed form to: dg.2023@5630mail.org

\_\_\_\_\_ requested by, please sign

Received by DG Glenn Knuth \_\_\_\_\_ Approved to Pay: \_\_\_\_\_ From Account \_\_\_\_\_

Received by District Treasurer Brooke Robertson \_\_\_\_\_

Paid-Check # \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_  
 Date Paid: \_\_\_\_\_