



**ROTARY DISTRICT 7670**  
**Request for Reimbursement [Expense Report]**

Period Ending \_\_\_\_\_, 200\_\_

<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	<b>Total</b>	\$ _____

*Please attach documentation and/or receipts*

**Comments:**

**Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Charge to:** \_\_\_\_\_  
 (Budget Line Item)

**Address:** \_\_\_\_\_  
 (Street) (City/Town) (State) (Zip Code)

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (By District Governor)

**Treasurer:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Check #** \_\_\_\_\_