## District 5495 Expense Reimbursement Request

ver 7.7.2019

Date(s)	Description and/or Purpose	Attendees / Participants (for mtgs, meals)	Budget Item	Amount
			TOTAL DUE:	\$0.00
Make Chec	k Payable To:			
Name		If you submit a photo copy of a voided check, your reimbursement can be transferred directly to your checking account.		
Address		D5495 REIMBURSEMENT REQUEST FORM		
		D5495 REIMBURSEM	ENI REQUEST FORM	
Requester	Information			
Name				
Address				
	<del></del>		Date	
	Signature			
Approvals				
District Governor			Date	
District Treasurer			Date	
Committee Chair (If Required)			Date	
	CLICK HERE to e-mail District 5495 Treasurer	OR mail to Rotary District 5495 Treasurer, P O Box 1807, Cha	andler, AZ 85244	