

ROTARY DISTRICT 5630 2019-20 EXPENSE REIMBURSEMENT REQUEST

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

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

TOTAL AMOUNT DUE _____

Mail to: Scott McLaughlin
1114 E. 48th St.
Kearney, NE 68847
eMail completed form to: DG.2019@5630mail.org

Received by DG Scott McLaughlin _____ Approved to Pay: _____ From Account _____

Received by District Treasurer Carol Pelster _____ Paid-Check # _____
Amount Paid \$ _____
Date Paid: _____