

 **ZONES 30/31 HEART OF AMERICA**

**ROTARY LEADERSHIP INSTITUTE**

 **EXPENSE REIMBURSEMENT FORM**

 **COMPLETION INSTRUCTIONS**

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| ***Section A*** | ***PAYEE INFORMATION*** |
| Enter | Payee name and address | Reimbursement check will be sent to this address |
| Contact information | Used if payee must be contacted for additional information  |
| Event information | Used to facilitate expense tracking for each event |

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| ***Section B*** | ***TRAVEL EXPENSES*** | ***RECEIPT REQ*** |
| Enter | Number of Miles driven X Current RI Mileage Rate | Out-of-district facilitators and other mileage costs |  |
| Lodging costs | Out-of-district facilitators or other lodging costs | √ |
| Meal(s) cost | Meals while traveling | √ |
| Other travel expenses |  | √ |

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| ***Section C*** | ***ON-SITE MEAL AND FACILITY EXPENSES*** | ***RECEIPT REQ*** |
| Enter | Faculty dinner costs  | Friday night planning session meals (if held) Does not cover alcoholic beverages. | √ |
| Training meal costs | Meals and breaks during RLI event | √ |
| Other costs | Other costs incurred for training event. If meal related, enter number served | √ |
| Facility rental costs |  | √ |
| Office supplies | Office supplies purchased locally | √ |
| Printing costs | Printing purchased locally | √ |
| TOTAL for Section B & C |  |  |

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| --- | --- |
| ***Section D*** | ***EVENT/DISTRICT COORDINATORS EVENT SUMMARY*** |
| Enter | Event Attendance | Number of students and faculty attending |
| Event Income | $ amount of prepaid registrations fees, fees received on-site and total fees received |

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| ***Section E*** | ***DISTRICT COORDINATORS SUMMARY AND EXPENSE APPROVE*** |
| Enter | Number of expense forms attached |  |
| TOTAL cost for event | District Coordinators are to collect all Expense Reimbursement Forms and receipts per event and forward, as one set, to the Treasurer. |
| District Coordinator signature |  |
| Approval Date |  |
| District Coordinator’s E-mail address |  |
| District Coordinator’s Cell Phone Number |  |

Please follow Coordinators Procedure instructions included with expense form. If you are not the District Coordinator, please forward completed form and attached receipts to District Coordinator for approval.

District Coordinator shall forward any checks received and all Expense Reimbursement Forms for a single event, **as one set**, by mail (or scan and e-mail) to: **Treasurer Frank Bradshaw, P O Box 54004, Lafayette, LA 70505**

District Coordinator will also forward a copy of the expense report (no attachments) to Regional Coordinator.

**Questions?** Contact Frank at rotary6200@lusfiber.net ; 337-237-0628 (office) or 334-344-2020 (cell).