

**ZONES 30/31 HEART OF AMERICA**

**ROTARY LEADERSHIP INSTITUTE**

**EXPENSE REIMBURSEMENT FORM**

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| ***SECTION A*** | ***PAYEE INFORMATION*** |
| Submitted by: |  | RLI Position: |       |
| Street Address: |       | Your District #: |       |
| City, State, Zip: |       | Cell Phone #: |       |
| E-mail: |       | Date Submitted: |       |
| Event Location | District: |       | City: |       | Event Date(s): |       |
| Payee Signature: |       |

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| ***SECTION B*** | ***TRAVEL EXPENSES*** | ***AMOUNT*** |
| Auto Mileage: | Miles       X $.565 (or current rate) =  |       |
| Lodging:\* |       |       |
| Meals:\* |       |       |
| Other:\* |       |       |
|  |  |  |  |  |
| ***SECTION C*** | ***# OF PEOPLE:*** | ***ON-SITE MEAL AND FACILITY EXPENSES*** |  |
|  |       | Meals (Faculty Dinner)\* |       |
|  |       | Meals and Breaks (RLI Event)\* |       |
|  |       | Other:\*       |       |
|  | Facility Rental \* |       |
|  | Office Supplies (Purchased locally)\* |       |
|  | Printing (Purchased Locally)\* |       |
|  | **Total** |       |

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| ***SECTION D*** | ***EVENT/DISTRICT COORDINATORS EVENT SUMMARY*** |
| Event Attendance | Part I: |       | Part II: |       | Part III: |       | Faculty: |       |
| Event Income: | Prepaid Registration $: |       | On-site Registration $: |       | Total $: |  |

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| ***SECTION E*** | ***DISTRICT COORDINATORS SUMMARY AND EXPENSE APPROVAL*** |
| Number of Expense Reimbursement Forms Attached: |       | Total Expenses: |       |
| District Coord. Signature: |       | Approval Date: |       |
| District Coord. E-mail: |       | Cell Phone #: |       |

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| ***SECTION F*** | Treasurer |       | Check # |       | Date Check Sent  |       |

\*Receipts are required. See Reimbursement Form Completion Instructions in “Forms and Downloads” on Website.

Forward completed form(s) and 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 the Regional Coordinator.

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