## ROTARY CLUB OF CHEAT LAKE P.O. Box 423 Dellslow, WV 26531

## **Expense Reimbursement**

Fill out the form below completely. All receipts should be attached to this form and either mailed to the above-stated address or given to the current president or treasurer.

## **Rotarian information**

| Name    | Date  |
|---------|-------|
| Address | Phone |
| Email   |       |



| Date | Budget Category | Description | Hotel | Transport                                 | Fuel | Meals | Supplies | Misc. | TOTAL |
|------|-----------------|-------------|-------|---|------|-------|----------|-------|-------|
|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |
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|      |                 |             |       |   |      |       |          |       |       |
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|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |
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|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       | Subtotal Advance Check numberAdvanceTOTAL |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |
|      |                 |             |       |   |      |       |          |       |       |

Approved by
Date \_\_\_\_\_ Amount \_\_\_\_\_
Check Number \_\_\_\_\_