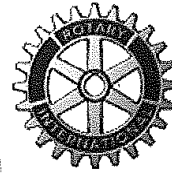


DATE: _____



SOUTH COWICHAN ROTARY CLUB
EXPENSE REIMBURSEMENT CLAIM

NAME: _____

Please attach copies of receipts

Date	Supplier	Budget Item	Avenue of Service	Amount
TOTAL REIMBURSEMENT REQUESTED				

SIGNATURE: _____