

Rotary Club of Mercer Island

**Expense Reimbursement Form
Required for Expenditures of \$100 or More**

Committee or Program _____

Amount s \$ _____

Total \$

Payable to:

Name _____ **Date** _____

Address _____

Signature of Preparer _____

Signature of Committee Chairperson _____

Signature of Board Member _____