

**Rotary International District 6510**  
**2025-2026 Expense Reimbursement Form**

Send completed form and supporting documentation to:

Amy Allen, DG  
641 W. North Ave, Flora, IL 62839, or  
Email to: amyallenrotary@gmail.com

**Date** \_\_\_\_\_  
**Payee Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_  
**Amount** \$ \_\_\_\_\_

**Requested by** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_

<b>Mail Check to</b>	<b>Payee</b>	<b>Person making request</b>
_____	_____	_____

**Description of** \_\_\_\_\_  
**Expense/Advance** \_\_\_\_\_

**Charge to Program or** \_\_\_\_\_  
**Budget line item** \_\_\_\_\_

**Approved by Committee Chair** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Approved by District Governor** \_\_\_\_\_  
**Date** \_\_\_\_\_

Copy to: Mary Harvey PDG, [mary@mlh-law.net](mailto:mary@mlh-law.net)