

ROTARY INTERNATIONAL DISTRICT 6510 CHARITIES
EXPENSE REIMBURSEMENT FORM

Send completed form and supporting documentation to:
Janice Alka, 5795 North 1100 Blvd., Mt. Carmel, IL 62863

Date _____

Payee Name _____

Address _____

Amount \$ _____

Requested by _____

Address _____

Phone _____

Mail check to: Payee _____

Requesting party _____

Description of Expense/Advance _____

Charge to program line item: _____

No reimbursement or advance will be made without the appropriate documentation.

Approved by Committee Chair _____

Date: ___/___/___

Approved by Charities President _____

(rev. 11-22)

Date: ___/___/___