

Rotary Club of Marion, IL #3323
EXPENSE REIMBURSEMENT FORM

Send completed form and supporting documentation to the President:

Date _____

Payee Name _____

Address _____

Amount \$ _____

Requested by _____

Address _____

Phone _____

Mail check to: Payee ____ Requesting party ____

Description of Expense/Advance _____

Charge to program or budget line item: _____

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

Approved by Committee Chair _____

Date _____

Approved by President _____

(rev 7-11) Date _____