

Fairfield Rotary Christmas Reimbursement

Rotarian Name _____

Phone Number _____

Number of Children _____ at \$80.00 _____

_____ Amount to be reimbursed

Request Check @ next meeting

Request Check to be Mailed

Receipts Attached

Meijers _____

Kohl's _____

Other Vendor _____

Total of Receipts* _____

* Receipts only needed to cover for reimbursement requested