

ROTARY CHRISTMAS PROJECT EXPENSE FORM

FORM IS REQUIRED FOR ALL PARTICIPANTS REGARDLESS OF REIMBURSEMENT FOR GRANT TRACKING

ROTARIAN'S NAME _____

PHONE NUMBER _____

Number of Children in family _____ x \$90 = TOTAL ELIGIBLE REIMBURSEMENT _____

(You are welcome to spend more, but can only be reimbursed for up to \$90 per child.)

Merchant	Amount Spent
TOTAL	
AMOUNT TO BE REIMBURSED	
AMOUNT TO BE DONATED	

****NOTE = AMOUNT TO BE REIMBURSED + AMOUNT TO BE DONATED should equal TOTAL**

Please include mailing address below for any reimbursement requested:

ALL ORIGINAL RECEIPTS MUST BE ATTACHED TO BE REIMBURSED. SUBMITTED TO ROTARY TREASURER.