



District 7305 Reimbursement Request

From _____ Date _____

Club _____ Phone _____

Committee/Authorizing Officer _____

Description / Comments / Cost

Total \$ _____

Check payable to _____

Documentation for Reimbursement Payment:

_____ Invoice attached _____ Receipts attached

Signature _____

Date _____

Send request to: Rotary District 7305
1985 Lincoln Way
Suite 23 - Box 223
White Oak, PA 15131

Treasurer@RotaryDistrict7305.org

To be completed by District Treasurer

Date received _____

Date entered _____

Date check issued _____

Check number _____
