

Expense Reimbursement Form

Name			
Email		Approved by	
Position		Purpose/Event	

EXPENSES

Category	Dates	Details	Amount
		Subtotal	
		Budgeted Amount/Budget Line Item (Do not exceed)	
		Less amount already reimbursed or paid on District Card	
		Total Amount to be Reimbursed	

Signature

Date

District Governor Approved Signature

Date

-----PAYABLE INFORMATION-----

PLEASE REMIT CHECK TO (NAME AND ADDRESS):