

DISTRICT EXPENSE REIMBURSEMENT FORM

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____

DISTRICT/COMMITTEE: _____

EVENT or PURPOSE: _____

EXPENSES:

DUPLICATING: _____

POSTAGE: _____

SUPPLIES: (Itemized) _____

TELEPHONE: (District Related) _____

MEETING SPACE: _____

INSURANCE: _____

ADVERTISING: _____

SPEAKER HONORARIUM: _____

MISCELLANEOUS: _____

TOTAL EXPENSES TO BE REIMBURSED: \$ _____

TO RECEIVE REIMBURSEMENT, EXPENSE REPORT AND ORIGINAL or SCANNED RECEIPTS MUST BE SUBMITTED WITHIN **30 DAYS**

Please e-mail the completed form with receipts to your District Secretary/Treasurer for approval. Thank you!