

**Rotary District 7450**

**Expense Reimbursement Form**

Dates: From: ……………………. To…………………..

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Submitted by: Name: ………………………………………………. Signature…………………………………….. Date……………….

Send check to: …………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………………..

Officer Approved: ……………………………………… Signature ………………………………….. Date……………

Treasurer Approval: …………………………………… Signature ………………………………….. Date…………..

*Ledger Account # ………………. Amount ………………. Ledger Account # .................. Amount……………..*

*Ledger Account # ………………. Amount ………………. Ledger Account # .................. Amount……………..*

*Ledger Account # ………………. Amount ………………. Ledger Account # .................. Amount……………..*

Send with supporting documents/receipts to: Gary Zebrowski, Treasurer

Rotary District 7450

1379 Dilworth Crossing #213

West Chester, PA 19382

Treasurer7450@gmail.com