

 **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……………..* Send with supporting documents/receipts to: Amy Andersson, Treasurer

*Ledger Account # ………………. Amount ………………. Ledger Account # .................. Amount…………….*  Rotary District 7450

*Ledger Account # ………………. Amount ………………. Ledger Account # .................. Amount……………..* 1379 Dilworth Crossing #213 treasurer7450@gmail.com West Chester, PA 19382