



# Rotary Club of Martin

P.O. Box 432, Martin, TN 38237-0432

## Expense Reimbursement Request

Member Name: \_\_\_\_\_

Member E-Mail Address: \_\_\_\_\_

### Instructions

- A. Complete all information
- B. Attach any relevant receipts, credit card statements, etc. to this form
- C. Sign and date where indicated
- D. Submit the completed form (with attachments) to the Club President for approval

Date of Expense:	Description/Purpose of Expense:	Expense:
<b>Total Expenses</b>		

*By signing my name below, I certify that all information contained in this Expense Reimbursement Form is accurate.*

Member Signature	Date Submitted

Approval Signatures	Date Approved

FOR TREASURER'S USE

CHECK NUMBER: \_\_\_\_\_ BUDGET ACCOUNT(S): \_\_\_\_\_

DATE CHECK ISSUED: \_\_\_\_\_