

 **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