



DISTRICT OFFICE
 502 Ellis Street
 Penticton, BC V2A 4M3
 T 250-492-8821 F 250-492-8288

For E-Transfer a Physical Street Address is REQUIRED - NO P.O. Box
Please submit a VOID cheque with your first claim to establish E-Transfer

Name: _____

Address: _____ Position & Club: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Fax: _____ Email: _____

Committee if applicable: _____

1. Please attach **SCANNED** receipts of paid invoices for which you are seeking reimbursement.
2. In the case of credit cards, please use a **SCANNED** receipt instead of waiting for the statement.
3. Submit expenses as soon as possible. We cannot guarantee reimbursements submitted after 30 days.

Date of Expense	Description	USD \$	CAD \$	Detail (Purpose)	Account Code
	mi @ \$0.47 USD				
	km @ \$0.47 CAD				
	TOTAL:				

I certify that the expenses submitted with this form were incurred on behalf of Rotary International District 5060.

CLAIMANT SIGNATURE _____

DATE SUBMITTED _____

Submit to District Office:
 Jeanine Nickel CGA
 HLW Chartered Professional Accountants
 502 Ellis Street
 Penticton, BC V2A 4M3
 Fax 250-492-8288
jeanine@hlw-cpa.com

x	
Authorized by	Date
Date Paid	Chq #