



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. <sup>67</sup> USD				
	km @ \$0. <sup>68</sup> CAD				
	<b>TOTAL:</b>				

*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](mailto:jeanine@hlw-cpa.com)

<b>X</b>	
Authorized by	Date
Date Paid	Chq #