

**ROTARY INTERNATIONAL DISTRICT 6510**  
**EXPENSE REIMBURSEMENT FORM**

Send completed form and supporting documentation to  
District Governor Tom Guebert, 2832 Senate Ct. Carlyle, IL 62231-6455:

Date \_\_\_\_\_

Payee Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount \$ \_\_\_\_\_

Requested by \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Mail check to: Payee ▪

Requesting party ▪

Description of Expense/Advance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Charge to program or  
budget line item: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No reimbursement or advance will be made without the appropriate documentation.

Approved by Committee Chair \_\_\_\_\_

Date: \_\_\_/\_\_\_/201\_\_

Approved by District Governor \_\_\_\_\_

(rev 4-15)

Date: \_\_\_/\_\_\_/201\_\_