

**Rotary International District 6510**  
**2024-2025 Expense Reimbursement Form**

Send completed form and supporting documentation to:  
Robin Dean, DG  
15635 E 1100 Road, Mt. Carmel, IL 62863, or  
Email to: rdeandg24@gmail.com

**Date** \_\_\_\_\_  
**Payee Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_  
**Amount** \$ \_\_\_\_\_

**Requested by** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_

**Mail Check to**                      **Payee**                      **Person making request**  
\_\_\_\_\_

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

**Charge to Program or** \_\_\_\_\_  
**Budget line item** \_\_\_\_\_

**Approved by Committee Chair** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Approved by District Governor** \_\_\_\_\_  
**Date** \_\_\_\_\_

Copy to: David E. Matthews PDG, [rotary6510dave@gmail.com](mailto:rotary6510dave@gmail.com)