

Mecklenburg County-South Rotary

Expense Reimbursement Form

| | |
|-------------------|--|
| Name | |
| Address | |
| City, Street, Zip | |
| Phone | |
| E-mail | |

| Date Incurred | Vendor and Purpose | Amount |
|-------------------------------|--------------------|--------|
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| TOTAL REIMBURSEMENT REQUESTED | | |

I certify that the expenses for which I am seeking reimbursement were directly related to Rotary activities.

| | |
|--------|--|
| Signed | |
| Date | |

Don't forget to attach your receipts!
 Email completed form to:
todd.greene@toddgreenecpa.com

[You'll be asked to attend the next board meeting.](#)