Expense Report/Reimbursement Request

Name:
Address:
Address:
Phone Number:
Reimbursement via:　　Zelle　　Mail a check　　Cash at next District Meeting

Zelle information (if applicable): _____

Comments:

Expense Date	Expense Description & Purpose	Receipt Attached	Expense Amount
	Total Expenses:	$	
	*Total Advance:	- $	
	Total Reimbursement:	$	

Signature: _____　　Date: _____

Authorized by: _____

*Total Advance will be subtracted from expenses to calculate amount of reimbursement owed

Internal use Only:

Amount Paid	Check No.	Date