



Request for Expense Reimbursement / Foundation Funds

Date Requested: _____ Total Reimbursement Requested: \$ _____

Name: _____

Address: _____

E-mail: _____ Phone: _____

Approved Budget Category:

Operations

- Programs / Speakers
- Membership
- President Discretionary
- Membership
- Fellowship / Recognition
- Administration
- Club Service

Foundation

- Community Service
- Club Service
- Vocational Service
- Youth Service / Scholarships/Interact
- International Service
- Fundraising

Event Name:

Name of Committee: _____

Date of Project / Event*: _____

Description of Project / Event / Reason for Funds: _____

List each expense and attach copies of receipts (use back if necessary):

Signature of Requestor: _____

Committee Chair Approval: _____

Foundation Board Approval (only required if Foundation funds): _____

*** Requests must be made within 90 days of Project / Event / Expense or by Fiscal Year End on June 30th (whichever is earlier)**

Administrative Use Only:

Date Paid:

Check Number: