

DISTRICT 6-W EXPENSE REIMBURSEMENT FORM

Attach Receipts

Name: _____

6-W Title: _____ Submission Date: _____

Send Reimbursement To:

PO Box/Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Expense Date(s): _____ Traveled To: _____

Reason: _____

• Auto Expense: _____ miles @ \$.50 per mile = \$ _____ . _____

• Lodging Expense _____ nights @ \$80 per night = \$ _____ . _____

• Meal Expense _____ days @ \$25 per day = \$ _____ . _____

Other Expense(s): (List and Explain Each Individually, Attach Separate Sheet If Necessary)

_____ \$ _____ . _____

_____ \$ _____ . _____

Total Expense Reimbursement Requested: \$ _____ . _____

District Governor Expense Reimbursement Approval:

Date: _____ Name: _____

Signature: _____

District Treasurer Info:

Date Paid: _____ CK #: _____ Amount: \$ _____ . _____