



Rotary District 6250
 4075 Vilas Road
 Cottage Grove, WI 53527

Expense Reimbursement Request

(for District 6250 related expenses)

Today's Date: _____
 Requestor's Name: _____
 Email Address: _____

Please Note: Backup information must be submitted along with this "Expense Reimbursement Request." For example: (1) Receipts are required for all expenditures; (2) the finalized and signed contract, and a W-9 must be attached for all contracts. Payment will not be processed until all required and completed documentation is received.

Vendor/Payee Information

Payable To: _____
 Address: _____
 Bank Routing #: _____
 Bank Account #: _____

Pay By: Check Credit Card*
*If already paid, date: _____

Expense Detail

Date	Description of Expense Incurred	Budget Code or Description	Amount

I certify that the expenses recorded on this "Expense Reimbursement Request" were incurred on behalf of District 6250.

Signature: _____ Date: _____ **Total Amount Due:** _____

Submit completed form and supporting documentation to Rotary District 6250 administrator via email at rotarydistrict6250@morgandata.com. Please confirm the mailing address in the upper right box. Requests will be forwarded to the District Treasurer for payment. Issued checks will only be valid for 60 days.

Form Updated: 7/1/2022