



ROTARY DISTRICT 6250 EXPENSE REPORT

Date of Request _____

Pay to _____

Address _____

Date incurred _____ Purpose _____

*Meals \$ _____

*Lodging _____

*Supplies _____

*Other _____

Mileage _____ miles @ 0.58/mile _____

Total \$ _____

Approved by _____

(e.g., Committee Chair)

Indicate budget item:

- ___ DG Nom. Comm. ___ Dist. Advisory ___ Inbound YE ___ Zone
- ___ Dist. Secretary ___ Public Relations ___ STEP ___ Zone-PDG
- ___ Dist. Treasurer ___ Finance Comm. ___ Outbound YE
- ___ Dist. Trainer ___ Social Media ___ RYLA
- ___ DG Expense ___ Member Develop. ___ Amb. Scholarship
- ___ DGE Expense ___ Member Extension ___ Dist. Assembly
- ___ DGN Expense ___ Ethics ___ Dist. Conference
- ___ DGNN Expense ___ Foundation ___ Leadership Trng.
- ___ PDG Expense ___ VTT ___ PETS
- ___ Ass't Governor ___ Polio Plus ___ RI Conv-DGE
- ___ Gov. Contingency ___ Visioning ___ Dist Banners/Pins
- ___ Dist. Contingency ___ Interact/Rotaract ___ Other (describe) _____

****ATTACH ALL RECEIPTS TO THIS FORM***

After approval, send this form with attachments to: Rotary District 6250
2820 Walton Commons, Suite 103
Madison, WI 53718