

Request for Reimbursement

Eau Claire Downtown Morning Rotary Club

Requested by: _____

Amount Requested \$ _____

Expense description

Check payable to*: _____

Apply toward my club bill

***Where should the check be sent?**

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Approved by _____

Club President

Date Reimbursed _____ Check # _____

Please attach receipts