

McMinnville Noon Rotary Club Expense Reimbursement Form

Reimbursements from petty cash cannot exceed \$20.00. Reimbursements exceeding \$20.00 must be submitted on this form no later than 1 month after the expense was incurred. All requests are processed on the last week of every month. Funds are dispersed at the first club meeting of every month.

Date Requested: _____ **Member Name:** _____

Total Amount: _____

Instructions for Completing This Form

- 1. Enter all of the required information above.**
- 2. Enter the date that the expenditure occurred below.**
- 3. Describe the reason and/or purpose of the expense below.**
- 4. Attach any relevant receipts, credit card statements, etc. to this form.**
- 5. Sign and date where indicated.**
- 6. Submit the completed form (with attachments) to the club president for approval.**

Please note that every field constitutes required information and must be completely filled in. If necessary, attach additional sheets. Incomplete submittals will be returned unprocessed.

Date of Expense:	Description of Expense:	Expense Amount:
Total Expenses		\$

By signing my name below, I certify that all information contained in this Expense Reimbursement Form is accurate. I understand that entering false information is grounds for immediate termination of my membership, and may result in legal action against me.

Member Signature	Date Submitted	Approved Signature	Date Approved