



District 6930  
2015-2016



### District Reimbursement Request Form

Date: \_\_\_\_\_ Club: \_\_\_\_\_

Name: \_\_\_\_\_ Event/Program: \_\_\_\_\_

Payment Details	Account name	Account Number (DGN=6, DGE=7, DG=8, Admin=9)	Amount
Travel: Miles @ \$0.575			
Airfare			
Hotel			
Meals			
Transportation			
Supplies:			
Registrations:			
Postage:			
Telephone			
Other:			
<b>Total</b>			-

Signature of Rotarian \_\_\_\_\_

Date: \_\_\_\_\_

District Governor Approval \_\_\_\_\_

Date: \_\_\_\_\_

Please attach receipts. Scanned copies are acceptable.