

# DISTRICT 6-W EXPENSE REIMBURSEMENT FORM

## Attach Receipts

Name: \_\_\_\_\_

6-W Title: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Send Reimbursement To:

PO Box/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Expense Date(s): \_\_\_\_\_ Traveled To: \_\_\_\_\_

Reason: \_\_\_\_\_

- Auto Expense: \_\_\_\_\_ miles @ \$.40 per mile = \$ \_\_\_\_\_ . \_\_\_\_\_
- Lodging Expense \_\_\_\_\_ nights @ \$50 per night = \$ \_\_\_\_\_ . \_\_\_\_\_
- Meal Expense \_\_\_\_\_ days @ \$16 per day = \$ \_\_\_\_\_ . \_\_\_\_\_

Other Expense(s): (List and Explain Each Individually, Attach Separate Sheet If Necessary)

\_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_

Total Expense Reimbursement Requested: \$ \_\_\_\_\_ . \_\_\_\_\_

### ***District Governor Expense Reimbursement Approval:***

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

Signature: \_\_\_\_\_

District Treasurer Info:

Date Paid: \_\_\_\_\_ CK #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ . \_\_\_\_\_