



Rotary Club of Livermore

P.O. Box 694
Livermore, CA 94551-0694



Reimbursement/Payment Request

(Repayment requests should be completed within two weeks after the event)

Name _____ Phone _____ Date _____

Address _____ City/State _____ Zip _____

E-mail _____

Name of Activity: _____

Date(s) of event: _____

Committee: _____

| Expense Item (supplies, meals, merchandise, service, transportation, hotel, etc.) | Amount (Attach receipts) |
|-----------------------------------------------------------------------------------|-----------------------------|
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Approved by (Committee Chair/Director)

_____ Total requested _____

Make check out to: _____ Date paid _____

Mailing Address for Check Recipient:

When completed, give this form to the Treasurer.