

**REQUEST FOR REIMBURSEMENT**  
*Rotary Club of Pittsford, NY*

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

Amount: \$ \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Committee/Activity \_\_\_\_\_

\_\_\_\_\_

Reimburse to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Requested by: \_\_\_\_\_

(Signature)

-----  
(For Internal Use Only)

Type of Expense:     Foundation Account     Operating Account

Expense Category: \_\_\_\_\_

Date of Reimbursement: \_\_\_\_\_    Check #: \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_

***---PLEASE ATTACH RECEIPTS TO THIS FORM---***