

District 7 Expense Reimbursement Request

Date of Request: _____
 Requestor: _____
 Position held: _____

Check payable to: (full name): _____
 Mailing address: _____

1. Complete this form
2. Attach original receipts. Attach pre-authorization if applicable. For mileage reimbursements, include a route summary with mileage.
3. Attach this form to the District Finance Manager, mailing address below, or email kasemp67@hotmail.com.
4. Once approved by the District Director, payment will be made as soon as the proper signatures can be obtained.
5. Receipts ore than 60 days from the date of the expense are not eligible for reimbursement.

Line	Date of Expense	Amount	Supplier	Expense Description	Finance Mgr Use Only
					Budget Account Code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total:					
				Check number	
				Check date	

Mail form and required documentation to District Finance Manager: Karen Semprevivo
 District 7 Toastmasters
 853 NW 90th Avenue
 Portland, OR 97220
-OR- email to kasemp67@hotmail.com

District Director's signature: _____
 District Finance Manager's signature: _____

If a single expense is more than \$500 or a check is payable to the District Director or Finance Manager, the approval of either the Program Quality Director or the Club Growth Director is required.

PQD name (print) _____

PQD signature: _____

CGD name (print) _____

CGD signature: _____