

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 and send to the District Finance Manager, mailing address below, or email to: jaimietgould@hotmail.com.
4. Once approved by the district Director, payment will be made as soon as the proper signatures can be obtained.
5. Receipts more 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:

Jamie Gould
 District 7 Toastmasters
 8238 NE Holladay St
 Portland, OR 97220-5819

District Director's signature: _____

District Finance Mgr signature: _____

-OR- email to: jaimietgould@hotmail.com

If a single expense is more that \$500 or a check is payable to the District Director of 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: _____