

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: fm@d7toastmasters.org.
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.

					Finance Mgr Use Only
Line	Date of Expense	Amount	Supplier	Expense Description	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 NE 90th Ave
Portland, OR 97220-5736

District Director's signature: _____

District Finance Mgr signature: _____

-OR- email to: fm@d7toastmasters.org

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: _____