DISTRICT 45
REQUEST FOR REIMBURSEMENT 2010-2011

Name: Date of Request

Check to be made payable to:

Address:

Request for reimbursement of any expense for District 45 must be made on this form. Only requests accompanied by receipts and falling within the guidelines established by TMI as acceptable expenses will be processed. Please number each receipt and indicate receipt number under the reason for expense. Return this form with attached receipts to:

Susan Francesco, 73 Bennett Cove Lane, Holderness, NH 03245

Note: Requests must be made monthly. Those received by the 15th of the month will be paid by the first Monday of the following month.

			Education and Training		**Promotion/Marketing**		**Club Administration**		**Other**	
Date	**Reason for Expense (include receipt numbers)**	**Line # (to be added by DG)**	**Travel**	**Supplies**	**Travel**	**Supplies**	**Travel**	**Supplies**	**Travel**	**Supplies**
	Totals									
	Grand Total									

Travel is reimbursable at US$.18/mile or CDN$.20/km

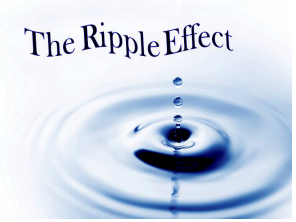
Education and Training includes AG/Div Governor training, TLIs, etc.
Promotion/Marketing includes club extension (starting new clubs), club rescue, promotion at various events, etc.
Club Administration includes travel for club visits.
Supplies include postage, telephone, copying or printing.

Paid by check #:_____ Date mailed: _____ Treasurer _____

Expenses were incurred in American/Canadian dollars (please circle one)

I certify the above as true: _____

Date _____

Dist. Gov. approval: _____

Date:_____