

DISTRICT 45 REQUEST FOR REIMBURSEMENT



Name: _____ Date of Request: _____ 200_____
(PLEASE PRINT)

Check to be made payable to: _____

Address: _____

Requests 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 then indicate receipt number/s by each category total. Return this form with attached receipts to:

Carl Duivenvoorden, DTM, Past District 45 Governor, 110 Mazerolle Settlement Road, Upper Kingsclear, NB CANADA E3E 1V5

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

Type of Expense	Amount	Receipt Numbers and Description	Budget Line Item No. <i>Internal Use Only</i>	INTERNAL USE ONLY:
Postage				District Governor's Approval: _____ (signature)
Telephone				
Travel*				
Supplies				
Copies/Printing				Paid by Cheque #: _____ Date Mailed: _____ _____
Other:				
Other:				
TOTAL				

* Travel is reimbursable at US\$.30/mile or CND\$.26/km

Expenses Were Incurred In American/Canadian Dollars (*please circle one*)



I certify the above as true. _____