

# The Rotary Club of Westerville Sunrise

## Reimbursement Request Form



Please return to:  
Rich Mannino, Club Treasurer  
Fax - 614.568.7778  
rmannino@kguard.com

Amount Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested By: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorization:  Per Board Vote on \_\_\_\_\_

Per Committee Budget

Other \_\_\_\_\_

Committee:  
(if applicable) \_\_\_\_\_

**PLEASE ATTACH RECEIPTS OR COPIES OF RECEIPTS**

Approval may be declined without receipts

***For Treasurer's Use Only***

Paid By: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_