

**ROTARY INTERNATIONAL DISTRICT 5830
REQUEST FOR REIMBURSEMENT OF AUTHORIZED TRAVEL COSTS**

Must be completed after approved travel is completed.

Attach receipts for all airfare, hotel and meal costs. For all other costs attach receipts if cost exceeds \$75.

(This form is not to be used by the DG, DGE, DGN OR DGND as the district budget specifies their authorized travel.)

INCURRED TRAVEL COSTS

Name:	<input type="text"/>	Date:	<input type="text"/>
Travel dates (inclusive)	<input type="text"/>		
Destination	<input type="text"/>		
Purpose of Travel	<input type="text"/>		
Total Mileage	<input type="text"/>	0.535	<input type="text" value="-"/>
Airfare	<input type="text"/>		<input type="text"/>
Hotel/Motel	<input type="text"/>		<input type="text"/>
Meals	<input type="text"/>		<input type="text"/>
Registration Fees Paid To	<input type="text"/>		<input type="text"/>
Other Travel Expenses			
- Taxi			<input type="text"/>
- Parking			<input type="text"/>
- Tolls			<input type="text"/>
- Other	<input type="text"/>		<input type="text"/>
- Other	<input type="text"/>		<input type="text"/>
TOTAL REQUEST FOR INCURRED TRAVEL COSTS			<input type="text" value="-"/>

Mail reimbursement to

<input type="text"/>
<input type="text"/>
<input type="text"/>

APPROVALS

Finance Committee Chair Date