

**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"/>	0.540	<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"/>
<b>TOTAL REQUEST FOR INCURRED TRAVEL COSTS</b>			<input type="text" value="-"/>

<b>Mail reimbursement to</b>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

**APPROVALS**

Finance Committee Chair	<input type="text"/>	Date	<input type="text"/>
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