



ROTARY DISTRICT 6250

EXPENSE REPORT

Date of Request _____

Pay to _____

Address _____

Date incurred _____ Purpose _____

*Meals		\$ _____
*Lodging		_____
*Supplies		_____
*Other	_____	_____
Mileage	_____ miles @ 0.54/mile	_____
Total		\$ _____

Approved by _____
(e.g., Committee Chair)

Indicate budget item:

- | | | | |
|-----------------------|-----------------------|-----------------------|--------------|
| ___ DG Nom. Comm. | ___ Dist. Advisory | ___ Inbound YE | ___ Zone |
| ___ Dist. Secretary | ___ Public Relations | ___ STEP | ___ Zone-PDG |
| ___ Dist. Treasurer | ___ Finance Comm. | ___ Outbound YE | |
| ___ Dist. Trainer | ___ Social Media | ___ RYLA | |
| ___ DG Expense | ___ Member Develop. | ___ Amb. Scholarship | |
| ___ DGE Expense | ___ Member Extension | ___ Dist. Assembly | |
| ___ DGN Expense | ___ Ethics | ___ Dist. Conference | |
| ___ DGNN Expense | ___ Foundation | ___ Leadership Trng. | |
| ___ PDG Expense | ___ VTT | ___ PETS | |
| ___ Ass't Governor | ___ Polio Plus | ___ RI Conv-DGE | |
| ___ Gov. Contingency | ___ Visioning | ___ Dist Banners/Pins | |
| ___ Dist. Contingency | ___ Interact/Rotaract | ___ Other (describe) | _____ |

****ATTACH ALL RECEIPTS TO THIS FORM***

After approval, send this form with attachments to: Rotary District 6250
2830 Agriculture Drive
Madison, WI 53718