



ZONES 30/31 HEART OF AMERICA ROTARY LEADERSHIP INSTITUTE EXPENSE REIMBURSEMENT FORM



SECTION A		PAYEE INFORMATION	
Submitted by: _____		RLI Position: _____	
Street Address: _____		Your District #: _____	
City, State, Zip: _____		Cell Phone #: _____	
E-mail: _____		Date Submitted: _____	
Event Location District: _____	City: _____	Event Date(s): _____	
Payee Signature: _____			

SECTION B	TRAVEL EXPENSES	AMOUNT
Auto Mileage:	Miles _____ X \$.565 (or current rate) =	
Lodging:*		
Meals:*		
Other:*		

SECTION C	# OF PEOPLE:	ON-SITE MEAL AND FACILITY EXPENSES	
		Meals (Faculty Dinner)*	
		Meals and Breaks (RLI Event)*	
		Other:*	
		Facility Rental *	
		Office Supplies (Purchased locally)*	
		Printing (Purchased Locally)*	
Total			

SECTION D	EVENT/DISTRICT COORDINATORS EVENT SUMMARY			
Event Attendance	Part I: _____	Part II: _____	Part III: _____	Faculty: _____
Event Income:	Prepaid Registration \$: _____	On-site Registration \$: _____	Total \$: _____	

SECTION E	DISTRICT COORDINATORS SUMMARY AND EXPENSE APPROVAL			
Number of Expense Reimbursement Forms Attached: _____	Total Expenses: _____			
District Coord. Signature: _____	Approval Date: _____			
District Coord. E-mail: _____	Cell Phone #: _____			

SECTION F	Treasurer	Check #	Date Check Sent

*Receipts are required. See below Reimbursement Form Completion Instructions.

Forward completed form(s) and receipts to District Coordinator for approval. District Coordinator shall forward any checks received and all Expense Reimbursement Forms for a single event, **as one set**, by mail (or scan and e-mail) to: **RLI Treasurer Salim Najjar, 3382 Eden Park Place, Carmel, IN 46033**. Questions? Contact the Treasurer at spnajar@att.net home: 317-848-7475; cell: 317-435-7456.