



# 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)*	
		<b>Total</b>	

SECTION D	EVENT/DISTRICT COORDINATORS EVENT SUMMARY
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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
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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
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\*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: **Chair Jerry Venters, 4726 N. Holly Ct., Kansas City, MO 64116. Questions? Contact Jerry at [jvrotary6040@yahoo.com](mailto:jvrotary6040@yahoo.com) or his cell number 816-665-9272.**