Rotary District 6880 Expense Statement
(Rotary International requires receipts for expenses in excess of $ 25.00)

Date:	**Mailing address:**
Name:	**City:**
Title:	**State and Zip Code:**

Date	Description	Receipt Attached	# of Units	Cost Per Unit	Total
				TOTAL:	

Complete form and provide to the District Governor for approval he/she will then forward to Treasurer. Be sure to include necessary documentation.

District Governor signature: _____

Date: _____

Date paid: _____

Check number: _____

Account: _____