



**ROTARY CLUB OF SECUNDERABAD SUNRISE
DISTRICT - 3150 CLUB.NO - 57064**



Expense Claim Form

Name of Member : _____ Date : _____

Designation of the Member : _____

Details of Claim : (Short Description)

(i) **Out of pocket items. Please enclose vouchers.**

Date	Item	Explanation	Amount
Total			

Tick whatever applicable

<p><u>District Functions</u></p> <p><input type="checkbox"/> Conference <input type="checkbox"/> Assembly <input type="checkbox"/> PETS <input type="checkbox"/> District Promotions <input type="checkbox"/> District Conference</p> <p><u>External Functions</u></p> <p><input type="checkbox"/> R.I. Convention <input type="checkbox"/> DG Assembly</p>	<p><u>Committees</u></p> <p><input type="checkbox"/> Public Relations <input type="checkbox"/> Extension & Membership <input type="checkbox"/> Group Study Exchange <input type="checkbox"/> Rotary Foundation <input type="checkbox"/> World Community Service <input type="checkbox"/> Youth Exchange <input type="checkbox"/> R.Y.L.A <input type="checkbox"/> Interact <input type="checkbox"/> Rotaract <input type="checkbox"/> Vocational Service <input type="checkbox"/> Community Service</p>	<p><u>Administration</u></p> <p><input type="checkbox"/> District Directory <input type="checkbox"/> Discretionary President <input type="checkbox"/> AG Expenses <input type="checkbox"/> District Training <input type="checkbox"/> Administration & Office <input type="checkbox"/> Electronic Communication <input type="checkbox"/> Printing & Stationary <input type="checkbox"/> Mementos for Speakers/ Guests <input type="checkbox"/> Birthday/Anniversary Gifts <input type="checkbox"/> Others _____</p>
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Circle only one category per form. If claims are for more than one category, use 2 or more sheets.

(ii) Total Claim :

I confirm that I have incurred the above on official Rotary Dist 3150 business, and request that payment of the above be sent to me at that following address:

Rtn.
Postcode:

by cash/cheque

(iii) Committee Chairman's approval :

I approve the above expenses claim and request the treasurer to make payment to the above.

Chairman of _____ Committee / Secretary / President

Name _____ Signed _____

Note: Mail expense claims with original receipts attached to the back of this expense claim. Claims must be dated, and submitted within a three months period of the expense. Expenses for the current year must be submitted by June 30 if possible and will not be accepted after July 31.

Treasurer _____

Paid on _____