

ROTARY CLUB OF SEBASTOPOL SUNRISE

REQUEST FOR REIMBURSEMENT OR DISBURSEMENT

EVENT/PURPOSE _____ DATE: _____

YOUR NAME: _____

AMOUNT REQUESTED/PAID: \$ _____

- Paid by Rotarian, please reimburse.
- Pay vendor directly, invoice attached.
Name: _____
Address: _____

- This is a donation.

PURPOSE OR ITEM: _____

DATE SUBMITTED: _____

DATE PAID: _____

**ROTARY CLUB OF SEBASTOPOL SUNRISE
P.O. BOX 2481
SEBASTOPOL, CA 95473**