

District Reimbursement Report

Name: _____

Event: _____

Dates of Event: _____

	Amount
Registration	
Hotel/Room	
Meals	
Transportation	
Other: What For: _____	
Total	

Scholarship Recipient	
Registration	
Hotel/Room	
Meals	
Transportation	
Other: What For: _____	
Total	
Amount Received	
Additional Requested or Refunded	

**Attach all receipts

Treasurer: Date Paid _____ Ck # _____