

District 5 Toastmasters

Serving San Diego County, Imperial County, CA & Yuma, AZ

Reimbursement Form 2019-2020



Make check payable to:

District Office/Position:

Requester's Name:

Phone:

Division:

Area:

Mailing Address:

City:

State:

Zip Code:

Reimbursement of any approved expense on behalf of the District must be submitted on this form to the District Director. **Attach original receipts and submit within 45 days of expenditure.** Reimbursement requests beyond 45 days may be denied. Pending the availability of funds, the District Director will forward reviewed and approved reimbursement forms to the District Finance Manager for payment. If reimbursement is urgent, please inform the District Director.

Expenses over \$500 have been discussed and approved by the following DD ____ PQR ____ CGD ____

Send completed forms to: Joyce Persichilli, District Finance Manager finance@d5tm.org
2098 Element Way, Chula Vista CA, 91915 Phone: (760) 803-5998

Date	Event	Amount	Description	District Use Only Budget Acct Number
		\$		

Total Amount Requested	If a single expenditure is more than \$500 or a check is payable to the district governor or treasurer, a Region Advisor's approval is required.			
	Requester's Signature:	Email:	Date:	
	Approved By:	CGD	Date:	
	Approved By:	PQR	Date:	
	Approved By:	District Director	Date:	
	Treasurer:	Date:	Check#	Date Cleared: