



**Rotary Club of Roanoke-Downtown**

**Invoice-Expense Reimbursement Form**

**Date:** \_\_\_\_\_

**Requestor:** \_\_\_\_\_

**Payee:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach Receipt(s) and or invoices**

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**Date Approved:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Payment Method:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_