

**Rotary Club of Naples Bay**  
**Reimbursement/Payment Request Form**

\_\_\_\_\_ **Club**

\_\_\_\_\_ **Foundation**

Name: \_\_\_\_\_

Date \_\_\_\_\_

Address to send check \_\_\_\_\_  
\_\_\_\_\_

Description/ Purpose of Reimbursement and/or Check Request

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Reimbursement Requested \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Party

By signing this request, I am attesting this reimbursement request is accurate

**Please include copies of your receipt.**

Board Approval Signature \_\_\_\_\_

Board Approval Date \_\_\_\_\_