

Optimist International
Midwestern Ontario District
 DISTRICT EXPENSE REQUEST FORM



NOTE: ALL CLAIMS MUST BE SUBMITTED BEFORE **OCTOBER 15, 2019**
 to the District Secretary/Treasurer

Submitted By: _____ Position Held: _____

Quarter being claimed: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Please complete the following;

1	ITEM(S) PURCHASED (Please attach receipts)	PURPOSE / USE	Invoice amount	Office Use Only (Budget Line)
2	REIMBURSEMENT FOR TRAVEL-			
TOTAL OF THIS REQUEST			\$	-

I hereby certify that I have incurred the expenditures listed above in meeting the responsibilities of my office and request reimbursement by the District Secretary/Treasurer within the provisions of the budget and available funds of the district.

 Signature Date

SUBMIT COMPLETED REQUEST TO:
 District Treasurer Opt. Joseph Paul
 97 Cedar Cres, P.O. Box 444
 NEW DUNDEE, ON N0B 2E0

TO BE COMPLETED BY DISTRICT GOVERNOR	
Approved: _____	Date: _____
Governor's (Finance Chair) Signature	
TO BE COMPLETED BY DISTRICT SECRETARY/TREASURER	
Date: _____	Cheque No: _____
By: _____	
District Secretary Treasurer (Finance Chair) Signature	