

STARKVILLE ROTARY CLUB EXPENSE REPORT

Name/Title _____ Date _____

Address _____

MILEAGE

From _____ To _____ Miles _____ Date _____

From _____ To _____ Miles _____ Date _____

From _____ To _____ Miles _____ Date _____

From _____ To _____ Miles _____ Date _____

Total Miles Traveled _____ X .55= _____

HOTEL

City _____ Date _____ Amount _____

City _____ Date _____ Amount _____

Total Hotel _____

OTHER

Type of Expense _____ Amount _____

Type of Expense _____ Amount _____

Type of Expense _____ Amount _____

Total Other _____

TOTAL AMOUNT DUE _____

Signature _____

Please attach receipts.

Submit to:

Jeff Read, Treasurer

P.O. Box 80002

Starkville, MS 39759