

Rotary Club of Daniel Island Foundation

295 Seven Farms Drive, PMB 149

Daniel Island, SC 29492

EXPENSE FORM

Reimbursement Request (Member)

Check Request (To External Organization)

Mail

Pick-Up

|  |  |
| --- | --- |
| Requestor |  |
| Signature |  |
| Purpose/Project |  |
| Amount (Detail) |  |
| Recipient Details | Name on Check:  Address (if mailed):  Email: |
| Attach Receipts/Documentation | Yes  emailed to dirotary@danielislandrotary.com |
| Approved By Program Director\*:  Michael Jordan – Grants  Mary Schroeder – Community | George Roberts – Duck Race  Maureen Cannon – Admin/PR and Other..  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Program Director Required to Secure Additional Approval if >$500 from Board Secretary or Board President | |
| Tax Info:  Category:  Program  Admin  Fundraising  Program Category:  Food  Mothers/Children  Building Better Communities  Other  Treasurer Use:  Check:  Date: | |

Send form to [dirotary@danielislandrotary.com](mailto:dirotary@danielislandrotary.com) or give to Foundation Treasurer