



Document of Reimbursable Activities of Spouse

NAME: _____

Please use one document for each individual event or task. Attach to expense reimbursement statement.

Meetings and Programs

Location _____

Date(s) _____

Purpose: _____

Please check each activity in which you were involved:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Gave a speech |
| <input type="checkbox"/> | Chaired a discussion group |
| <input type="checkbox"/> | Involved in a discussion group as a participant |
| <input type="checkbox"/> | Preparing materials for programs |
| <input type="checkbox"/> | Preparing materials for entertainment |
| <input type="checkbox"/> | Preparing materials for instruction |
| <input type="checkbox"/> | Other |

Media

Date(s) _____

Press _____

Television _____

Fundraising

Location _____

Date(s) _____

Purpose: _____

President's Representative

Location _____

Date(s) _____



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Volunteering

Location _____
Date(s) _____
Purpose: _____

Please check each activity in which you were involved:

- Visiting Rotary projects
 Assessing needs of children and/or the elderly for future projects
 Other

Assistance to Spouse – Clerical

Assisted spouse, who is a general officer of RI by:

(Examples):

- Making and receiving telephone calls, faxes and e-mail
 Typing or computer terminal
 Confirming or changing airline, train or other transportation reservations
 Exchanging currencies
 Other
 Time Spent:
 Purpose:

Other:

SIGNATURE: _____