

CHEQUE REQUEST FORM

Cheque Payable to: _____ Amount: _____

Date Requested: _____ Date Required: _____

Please check applicable: Vendor invoice Approved Appeal
 Reimbursement for goods purchased on behalf of the club. **(All receipts must be attached.)** Approved Service Project
 Other. Please specify: _____

Invoice: Attached To follow Not Applicable

Budgeted? Yes No Fundraiser? _____

Please break down multiple committees/categories **if applicable**. If not, enter one line with the total amount.

Committee	Description/Purchase Details	Amount

Comments: _____

Requested by:

 NAME SIGNATURE

Rotarian #2

 NAME SIGNATURE

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OFFICE USE ONLY:

Cheque Date: _____ Cheque Number: _____

Cheque Amount: \$ _____ Bank Account: General Lottery

Cheque Issued by: _____ Date Entered: _____

GL 1: _____ GL 1 Amt: _____ GL 2: _____ GL 2 Amt: _____