

ROTARY CLUB OF WASHINGTON, DC CHECK REQUEST FORM

ENCLOSE THE SUPPORTING INVOICE OR OTHER AUTHORIZING DOCUMENTATION

Date of Request:
Requested by:
Name of Payee:
Street Address:
City, State and Zip:
Requested payment amount:
Please state the reason for this payment in the space below
Treasurer's Approval:
Please mail, along with supporting documentation, to:

Rotary Club of Washington, DC P.O. Box 58027 Washington, DC 20037