



Rotary Club of Federal Way – Noon
P O Box 23444
Federal Way, WA 98063

PAYMENT REQUEST / AUTHORIZATION

REQUEST

Requestor: _____ Date: _____

Contact Info (organization / phone / address /email/): _____

Short Description (please describe project or activity in detail): _____

Amount Requested: \$ _____

AUTHORIZATION

Committee: _____ Submitted by: _____

Supporting statement from Committee Representative: _____

(Please attach a copy of the receipt or invoice)

Payee Name: _____

Address: _____

Phone: _____ Email: _____

Amount Approved by Committee Chair: \$ _____

Expense Against (which specific budgeted line item): _____

Remaining Balance of Budgeted Expense for Committee: _____

(Note Budgeted Funds for Community Services must be used for a “named or specific” project not just given to fund another organization’s general or expense fund. The intent behind this is that we are supporting that project not just the charitable organization as a whole. With a “named or specific” project, we can state Rotary supported this project”.)

Committee Chair Authorization: _____

TREASURER ACTION:
Date Recd: _____
Date Paid: _____ Amount: \$ _____
Committee’s Budgeted Line Item Charged: _____