

Petaluma Sunrise – Disbursement Request

Date: _____

PAYABLE TO: _____

Address: _____

Phone: _____

Amount: _____

Reason for Disbursement:

Requestor Signature: _____

Requestor Name (PRINT CLEARLY): _____

Approved:

President, Petaluma Sunrise Rotary

All checks must be approved prior to disbursement. Receipts MUST be attached.

Date Paid:

Check #:

Account: