

Rotary Club of Summerlin _____ or NWLV Rotary Foundation _____ (Check one)

Disbursement Request (for amounts > \$300)

Date Submitted:			
Submitted By:			
Pay from Account (Click Applicable **):	Club Operations	Charitable	Foundation
Fundraiser\Project or Operations Expense:			
Provide Payment To (Vendor Name\Address):			
President or Board Member Approval- Sign\Date:			
Treasurer Approval-Sign\Date:			
Paid by Check# or ACH Transfer:			
- Date Paid:			
- Form W-9 on file for Vendor if > \$600?			

Please attach original invoices\receipts. Please include a complete explanation of the reason for this expenditure so that the applicable Treasurer will be able to properly classify the expense for our project reports and financial statements. Operations and Charitable Accounts, contact Michael Turner, michaeltbear28@gmail.com or 702-445-6025; Foundation Account contact Jude Price jpricecpa@jpricecpa.com or 530-945-5450 Mailing address: 11700 W. Charleston Blvd., 170, Suite 373 Las Vegas, NV 89135

**Applicable Pay from Account: Club-Operations is for the operations expenses of the Summerlin Rotary Club. Club-Charitable is for the Summerlin Rotary Club donations to outside organizations\special projects. Foundation-Operations is for the NWLV Rotary Foundation fundraiser\project expenses (i.e.-Mardi Gras). The Presidents & Treasurers will make the final determination on which account the expenses or transfers of funds will be made.

Expense Description	\$ Amount