Rotary

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 John Holcombe, johntholcombe@gmail.com or 702.630.8369. Mailing address: P.O. Box 370995 - Las Vegas, NV 89137

****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