

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

Disbursement Request (for amounts > \$500)

Date Submitted:		
Submitted By:		
Pay from Account (Click Applicable **):	Club Operations Foundation	
Foundation/Charitable or Operations Expense:		
Provide Payment To (Vendor Name/Address):		
Trovide Fayment to (vendor Name/Nauress).		
President or Board Member Approval- Sign/Date:		
Treasurer Approval-Sign//Date:		
Paid by Check# or ACH Transfer/Date Paid:		
ales Tax Exemption for Foundation/Charitable Expenses:		
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 Treasurer will be able to properly classify the expense for our project reports and financial statements. The request is presented to the applicable Treasurer (Club or Foundation) for payment. You can email\fax\deliver in person\US mail. Mailing address: 11700 W. Charleston Blvd. – 170, Box 373, Las Vegas, NV 89135		
**Applicable Pay from Account: Club-Operations is for the operations expenses of the LV Summerlin Rotary Club. Club-Charitable is for the LV Summerlin Rotary Club donations to outside organizations\special projects. Foundation-		
Operations is for the NWLV Rotary Foundation fundraiser\project expenses (i.eMardi Gras). The Presidents &		
Treasurers will make the final determination on the Pay from Account for expenses and for transfers of funds.		
Expense Description		\$ Amount