

## GENERAL PURPOSE CHECK REQUEST

Date of Req	uest:			
Person Mak	ing Request:			
Rotary Club	:			
Telephone N	Number:			
Bank Information: Pay		Vendor Directly	Pay as indicated below	
Pay to the Or	der Of:			
Address:				
Address Con	tinued:			
Attach All Inv	oices/Receipts			
Event Date	Vendor		Budget Item/Event	Amount
			TOTAL	
Approved for pa	ryment		Date:	
Check Number		_ Date Written _	Initial	