

Check Request Form

Rotarian's Name: _____ Date: _____

Check one:

- Check made payable and mail to vendor
- Please, reimburse me

For Check to Vendor:

Vendor Name: _____
Check made payable to

Contact Person: _____

Mailing Address: _____

Phone: _____ Email: _____

Amount of check: _____ Date Needed: _____

Purpose of check: _____

Please attach Invoice from Vendor

Expense Reimbursement:

Amount of check: _____ Payable to: _____

Purpose of check: _____

Please attach all receipts

Signature: _____

Approved by: _____ Date: _____

TREASURER'S USE ONLY: Check # _____ Date Paid _____
