

ROTARY CLUB OF ST. AUGUSTINE

RHYTHM & RIBS FESTIVAL

CHARITABLE DISBURSEMENT REQUEST FORM

(Approval by Committee Chair Required)

Committee: _____

Date: _____

Check #: _____

Recipient: _____

Purpose of Contribution: _____

Committee 2017-18 Budget: _____

Funds Disbursed To Date: _____

Balance Available for Distribution: _____

Requested Distribution Amount: _____

Check Signor: _____

Committee Chair: _____

Check Delivery Method and Date: _____