



2020-2021 District Payment/Reimbursement Request Form

Invoice Information (Required)

Please issue a check in the amount of: \$

Payable To:

Description and/or reason for expenditure:

Note: Supportive documentation for expenditure must be attached to the request. If none is available, please note reason below:

Disposition of Check:

_____ Mail directly to above address

_____ Call when check is ready

_____ Other: _____
Specify

Approvals:

Event/Item: _____ Chairperson: _____

Prepared by: _____ Preparer's Phone # _____

Signature

Date Requested: _____ Governor's Approval: _____

Treasurer's Approval: _____

email to: Paul Mangels at rotarytreasurer7980@gmail.com

Or mail to:

Paul Mangels
Rotary District 7980
PO Box 408
Milford, CT 06460

Check # _____ QB Account # _____ Amount _____ Date Paid _____