

Check Request

| | |
|----------------------------|---------------------|
| Date of Request: _____ | Requested By: _____ |
| Amount Requested: \$ _____ | |
| Issue Check to: _____ | |
| Send Check to: _____ | |
| _____ | |

Approval by Committee Chair

| | |
|-----------------------------------|----------------------|
| Purpose: _____ | |
| Charge to District Account: _____ | |
| Approved By: _____ | Approval Date: _____ |
| _____ | |

Approval by District Governor

| |
|--|
| Amount Approved: \$ _____ |
| Date of Approval: _____ |
| District Governor Approval: _____ |
| Budget & Finance Chair Approval: _____ |
| Sequence Number: _____ |

| | |
|---------------------------|---------------------|
| Bookkeeper use Only: | |
| Date of Check: _____ | Check Number: _____ |
| Amount of Check: \$ _____ | |
| _____ | |

Check Request

ROTARY DISTRICT 5300

CHECK REQUEST AND/OR EXPENSE REIMBURSEMENT INSTRUCTIONS

1. Requestor for check/reimbursement completes the top portion of form. All receipts must be attached for approval (originals OR copies are acceptable).
2. Requestor forwards completed form to Committee Chair (whose budget is responsible for expense) for approval and signature.
3. Committee Chair forwards approved and signed form to District Governor for approval and signature.