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: $ __________________________________________________________________
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.

Revised: 7/09/18