

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.