



# Fidalgo Island Rotary Club & Foundation

# Expense Request

Use this form to obtain approval or payment for a club expense or project funding.

**Note: All club expenditures *must* be pre-approved. Payment is *not* available for unapproved expenditures.**  
For payment, submit completed form to club Treasurer.

Part A	Description	Describe the proposed expenditure
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**Project name** \_\_\_\_\_

**Expense description** \_\_\_\_\_

**Expense type**       Project funding       Supplies       Travel       Fees       Other \_\_\_\_\_

**Total amount**      \$ \_\_\_\_\_

**Documentation**      I have attached the following itemized detail of the expenditure (*required*):  
 Estimate       Quotation       Invoice       Receipt       Other \_\_\_\_\_

**Requestor**      I certify that this expenditure is appropriate for a planned activity of the Fidalgo Island Rotary Club.  
 Signature \_\_\_\_\_  
 Name \_\_\_\_\_ Date \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

Part B	Approval	Before incurring expenditure, obtain approval below
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**Budget year**      2018-2029      2019-2020      2020-2021      *\*Budget years begin on July 1*

**Committee**       Community       International       Youth services       Family of Rotary       Shipwreck       Auction

**Chairperson**      On behalf of the above committee, I have reviewed and approve of this expenditure.  
*If total amount is over \$500:*       I certify that this expenditure has been approved by the Board.  
 Signature \_\_\_\_\_  
 Name \_\_\_\_\_ Date \_\_\_\_\_

Part C	Payment	Complete this section when requesting payment
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**Payment method** (*check one*)       Mail check to payee below       Transfer funds to project account  
 Deliver check to requestor above       Wire transfer (***attach wire instructions***)

**Special instructions** \_\_\_\_\_  
*For example, information for the memo line of the check*

**Payment date**      Please pay on this date:       ASAP       Other \_\_\_\_\_

**Payee**      Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 ZIP \_\_\_\_\_ Country \_\_\_\_\_

Treasurer use only	Fund and/or Budget	Amount Paid		
			Check #	Date