 **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.

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| **Part A** | **Description** | Describe the proposed expenditure |  |  |
| **Project name**  **Expense description** |  |  |  |  |
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| --- | --- |
| **Expense type** |  Project Funding  Supplies  Fees  Other |
| **Total amount**  **Documentation**  Requestor | $  I have attached the following itemized detail of the expenditure (*required* ):  Estimate Quotation Invoice Receipt Other  I certify that this expenditure is appropriate for a planned activity of the Fidalgo Island Rotary Club.  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Part B** | **Approval** | *Before* incurring expenditure, obtain approval below |

**Budget year** 2023-24 2024-25 2025-26 2026-27 2027-28 *Budget years begin on July 1*

**Committee** Community International Youth services  FOR Shipwreck Auction MMM Breakfast Found.

**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

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| **Part C** | **Payment** | Complete this section when requesting payment |

Signature +\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Payment method** |  Mail check to payee below |  Transfer funds to project account |
| *(check one)* |  Deliver check to requestor above |  Wire transfer (***attach wire instructions*** ) |
| **Special instructions Memo Line** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Payment Date Please Pay on this date:\_\_\_\_\_\_\_\_\_\_\_ ASAP\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Treasurers use only Fund and/or Budget Amount Paid Check Date