 **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