Spokane Rotary Club 21

Check Request Form

Date: _____

Committee Name: _____

Type of Check Request: ☐ Grant ☐ Reimbursement ☐ Club Expense

Date Approved by Committee: _____

Amount Approved: _____

Name of the Individual or Group receiving Grant: _____

Description of Grant: _____

_____

_____

_____

Description of Matching Gifts (if applicable): _____

_____

_____

Payee: _____

Method of Payment: Check _____ Credit Card _____ Other _____

Address: _____

_____

_____

Phone: _____

Date Approved by the Board: _____

Date of Payment: _____