

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: _____