

The Rotary Club of Troy and Troy Rotary Foundation
Check Disbursement Authorization

Check one:

Rotary Club of Troy _____

Troy Rotary Foundation _____

Check Payable to: _____

Amount: _____

Purpose: _____

Submitted by Name (printed): _____

Submitted by Signature: _____ Date: _____

If under \$250 - Must be approved by two Board Members

Approving Board Member Name (printed): _____

Approved by Signature: _____ Date _____

Approving Board Member Name (printed): _____

Approved by Signature: _____ Date _____

If over \$250 - Must be approved by vote of Board

Date approved by Board: _____

NOTE: Please attach original receipt(s)/invoice(s) to this form prior to submitting to the Treasurer.
By policy, no money can be disbursed without this completed form, receipt(s)/invoice(s)
and authorized signatures.

.....
Treasurer's Use Only

Paid by check # : _____ Dated: _____

Receipt(s)/invoice(s) collected: Yes _____ No _____

Treasurer's Signature: _____ Date _____