



Rotary Club of Santa Cruz Sunrise

P.O. Box 7026
Santa Cruz, CA 95061

CHECK REQUEST FORM

Reimbursement

Amount: \$ _____ Date: _____

Check Requested by: _____

Check payable to: _____

Check delivered to: _____

Address: _____

Reason for check:

Intended Use*: (check one) Club Expense Club Foundation Expense

Approvals

Treasurer: _____ Date: _____

Secretary: _____ Date: _____

President: _____ Date: _____

* If check is for a club operating expense (e.g., office supplies, club socials, District Rotary U, etc.) select "Club Expense". If check is for a fundraising expense select "Club Foundation Expense". Leave unchecked if not sure.