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**Lisa Vernor**

# President 2025-2026

**Club #1975 District #5890**

**Cash Disbursement**

**Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Club Expense\_\_\_\_\_\_\_\_\_\_\_\_ Foundation Expense \_\_\_\_\_\_\_\_\_\_\_\_ (check one)**

Please pay the recipient or vendor directly for this expenditure (Complete W-9 Form If applicable)

Please reimburse \_ \_\_\_\_\_\_\_\_\_\_\_ the following expenditure.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*ATTACH All RECEIPTS (If Applicable) \*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **VENDOR** | **BUDGET ACTIVITY ACCOUNT** | **AMOUNT** |
|  |  |  | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | TOTAL | $ |

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Check Number \_\_\_\_\_\_\_\_**

**Email to Barbara Franklin, Club Treasurer bbfranklin@comcast.net or Jackie Moore, Club Bookkeeper brazosportrotaryclub@gmail.com**

**Mailing Address P O Box 71, Lake Jackson, TX 77566**