

Barrington Breakfast Rotary Club

Request for Reimbursement/Payment

Requester: _____

Date: _____

Item #	Description	Unit Cost	Amount

Please attach Receipts/Invoices to this form

TOTAL: \$ _____

Payable To: _____

Mail To Address/Deliver To: _____

Accounting Information

Circle one: Operations Account Foundation Account Interact Account

See attached list for definitions of these categories.

Primary Category _____

Sub Category _____

Memo Line _____

Approvals Signatures/approvals needed before submitting the request to the treasurer.
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Signature of the Requester _____

Approved by President _____

Check # _____

Check Date _____

Treasurer Initials _____