



Lake in the Hills Rotary Club
P.O. Box 7386
Algonquin, IL 60102

Accountant: Patti Cifonie
 Cell: 847-204-2098
pcifonie@gmail.com

Request for Check Payment / Reimbursement

Date: _____

Payable To: _____
 Address: _____
 C/S/Z: _____
 Phone: _____ Fax: _____
 Contact: _____
 Amount: _____

Purchase Order Number/Date _____
 Invoice Number: _____ (Attach Invoice)
 Due Date: _____
 Personal Reimbursement (Attach Receipts) Initial: _____

Draw Funds From:	<input type="checkbox"/>	General Account – Operating Funds
	<input type="checkbox"/>	Ribfest Account – Festival Expense
	<input type="checkbox"/>	
	<input type="checkbox"/>	

<input type="checkbox"/>	Community Service	<input type="checkbox"/>	International Service
<input type="checkbox"/>	Vocational	<input type="checkbox"/>	Special Projects

Description: _____

Requested By: _____
 Date: _____ Phone: _____

Board Approval #1: _____ Date: _____

Board Approval #2: _____ Date: _____

Check Issued: Number _____ Date _____ Initial: _____

Board / Treasurer Notes: