

Check Number _____

Grant Name/ Number _____

2020-2021 VOUCHER

HOMER KACHEMAK BAY ROTARY CLUB

Please print legibly

DATE: _____

PAYEE: _____

ADDRESS IF NEED TO MAIL: _____

City

State

Zip

DESCRIPTION: _____

REQUESTED BY: _____ SIGNATURE: _____

AMOUNT _____ GL# from BUDGET _____

MUST BE SIGNED BY 2 BOARD MEMBERS BEFORE TURNING IN TO TREASURER

Board Member Signature & Date

Board Member Signature & Date
