

The Branchburg Rotary Foundation
Check Payment Request Form (one form per check)

Date: _____

Type of Request: Expense or Reimbursement _____ Donation _____

If a Reimbursement, receipts **MUST** be attached

Person Requesting Funds: _____

Associated Rotary Activity: _____

Associated Activity Date: _____

Amount of Payment: \$ _____ Is This Request in the Budget Plan? _____

Reason for Request/Explanation:

Check Made Payable To: _____

Address of Payee: _____

Check to be Given To:

. Mailed to Payee: _____ [Date Mailed: _____]

. Other/specify: _____ [Date Delivered: _____]

Associated Foundation Sub-Account: _____

- | | | |
|------------------------------|-------------------------|-----------------------------|
| - Miscellaneous/Scholarships | - Homes of Hope-Ecuador | - Homes of Hope-Philippines |
| - Nepal Project | - Wheel of Life | - Community Corp |

Requestor's Signature: _____ Date: _____

Approved: _____ Date: _____

For Treasurer's Use:

Date of Check: _____ *Check Number:* _____ *Check Amount:* \$ _____ *QB Entry:* _____