

**Bryan Rotary Club - Disbursement Form**

Please complete each line of this form.

Date of Request: \_\_\_\_\_

**Claimant:**

Name of person or business to be paid: \_\_\_\_\_

Claimant address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Purpose of expenditure**

Dates of event/action: \_\_\_\_\_

List only expenses incurred on behalf of the Bryan Rotary Club. List each expense requested for disbursement and attach the receipt:

Total Claimed: \_\_\_\_\_

The below signed person recommends this request for disbursement and acknowledges the product or service was received for the benefit of the Bryan Rotary Club.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

**Authorization:** Indicate the authorization for expenditure:

Budget Line Item number: \_\_\_\_\_ or Board Minutes date: \_\_\_\_\_

Budget amount: \_\_\_\_\_ Balance before this Payment: \_\_\_\_\_

**Approved by Avenue Director Chair:** \_\_\_\_\_ **Date** \_\_\_\_\_

1. Membership, 2. Public Relations, 3. Club Administration, 4. Service Projects, 5. The Rotary Foundation

**Treasurer Use**

Approved for payment by: \_\_\_\_\_

Treasurer Paid by: \_\_\_\_\_ Check No: \_\_\_\_\_ Date: \_\_\_\_\_