Pequannock Valley Rotary
ROTARY REQUEST FOR DONATION / PAYMENT
RE-IMBURSEMENT

Date:

Check Payable to:

If Gift Card or other, please notate

Address to be mailed:

Amount:

Rotarian Submitting Request:

Account: (Slect One) Foundation Operating Welfare

Reason For Request or Attach Documentation:

Board Approval Date: _____

President Signature: _____

Board Member Signature: _____(if applicable)
& Title (if Officer)

Board Member Signature: _____(if applicable)
& Title (if Officer)

For Treasurer Use:

Check Number: _____

Date: _____

Initials Completed: _____

Notes: _____