



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: (Circle 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: _____