

Rotary



Club of Alameda

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ROTARY CLUB OF ALAMEDA/ALAMEDA ROTARY ENDOWEMENT FOUNDATION
EXPENSE AUTHORIZATION AND PAYMENT REQUEST

Date: _____

Request made by: _____

Email Address: _____ Mobile Number: _____

Description of purchase or service: _____

Payee Name & Address: _____

Estimated Expense _____ Pre-Approved (required): _____

Service or Product Received By: _____

Payment Authorization: _____

Cost Account or Budget Line Item to be charged: _____

(Office Use Only)

Check written by: _____

Number: _____ Date: _____ Amount: _____

Delivered to: _____ Date: _____