

## Allentown West Rotary Payment Request Form

<b>Make Check Payable To:</b>	
<b>Total Payment Requested:</b>	
<b>Company Contact:</b>	
<b>Address Line 1</b>	
<b>Address Line 2</b>	
<b>Address Line 3</b>	
<b>Address Line 4</b>	

<b>Requestor Name:</b>		<b>Requestor Date:</b>	
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If payment request is payable to a vendor, attach the vendor's invoice(s).  
 If payment request is for reimbursement of expenses, attach vendor's receipt(s).  
 If the information requested below (description, unit cost, quantity, total cost) are on the attached invoice or receipt, just indicate the name of the Project/Cause.

Description	Project/Cause	Amount
<b>Total</b>		

**Approvers (For Treasurer's use only):**

<b>Approver 1:</b>		<b>Approval Date:</b>	
<b>Approver 2:</b>		<b>Approval Date:</b>	

**Payment Details (For Treasurer's use only):**

<b>Date of Chk/Payment Trx:</b>		<b>Account:</b>	
<b>Chk/Payment Trx Nbr:</b>		<b>Payment Amt:</b>	