

The Saratoga Rotary Art Show



Payment/Reimbursement Authorization

Date _____ Amount _____

Name _____ Phone _____

Check to be issued to

Address _____

City _____ State _____ Zip Code _____

Explanation:

Charge to Account: _____

(See below or reverse side for list of numbers)

Requested by: _____ Date: _____

Authorized by: _____ Date: _____

Approved by
Art Show Chair: _____ Date: _____

Please attach receipts and/or invoices.

Check Number _____ Date: _____ Issued by: _____

Saratoga Rotary Art Show Payment/Reimbursement Policy

To ensure that our accounts are maintained and properly controlled in accordance with the requirements of a 501(c)(3) organization [The Art Show is the funding event for the Saratoga Rotary Charitable Foundation.], it is important that the following policy be followed. If any member of the Art Show Committee requires reimbursement or payment to another source for any function or purchase made on behalf of the Art Show in excess of \$750.00, you must obtain prior approval of the Art Show Chairperson. If it is a personal reimbursement then only the Payment/Reimbursement form needs to be submitted. The requestor needs to sign the completed form. Present the completed form to the Art Show Treasurer for approval. It will then be submitted for payment.

**PLEASE DO NOT CONTACT OUR ACCOUNTANT DIRECTLY
AS SHE CAN NOT ISSUE A CHECK WITHOUT THIS FORM.**