



The Saratoga Rotary Charitable Foundation

Payment/Reimbursement Authorization

Date _____ Amount \$ _____

Name _____

Check to be issued to:

Address _____

Street Number

Phone: _____

City – State – Zip Code

Explanation:

Charge to Account: _____

Requested by: _____ Date: _____

Authorized by: _____ Date: _____

CFO Approval: _____ Date: _____

Please attach receipts and/or invoices

Check Number _____ Date: _____ Issued by: _____

Saratoga Rotary Foundation Payment/Reimbursement Policy

To ensure that the Foundation accounts are maintained and properly controlled it is important that the following policy be followed. If any individual requires reimbursement or payment made to another source the requestor must sign the completed form. Present the completed form to the Foundation Treasurer or President for approval. It will then be submitted for payment.

**DO NOT CONTACT OUR ACCOUNTANT DIRECTLY AS SHE CAN NOT ISSUE A CHECK
WITHOUT THIS FORM APPROVED BY THE CFO OF THE FOUNDATIO**