

**Rotary Club of Saco Bay
Payment Requisition Form**

Circle One: Foundation Operations
Specific Account: _____

Requisition Date: _____

Requisitioner: _____
Print Name

If to be reimbursed:

Item #	Description:	Payment Date	Payment Amount	Payee Name and Address:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Requisitioner Signature

President/Designee Authorization Signature

NOTE: Attach copies of receipts

For Club Treasurer's Use Only:

Check One	
	From Operating Funds
	From Charitable Giving Funds
	From Snow Scholarship Funds

Item #	
From Above:	Budget Line Affected:

Check Date: _____
Check Number: _____

Treasurer's Signature