



**Rotary Club of Lake Arrowhead
PO Box 686
Lake Arrowhead CA 92352**

REQUEST FOR PAYMENT OR REIMBURSEMENT

Date: _____

Requested by (Member Name): _____

Please check one of these: Club _____ or Foundation _____

Amount: _____ Account (if known): _____

Make Check Payable to: _____

or apply to dues (**Club only charges**): Yes _____ No _____

Mail check to: _____

Explanation/details (please attach copies of receipts/invoices):

Hand carry, email or mail this check request to the Club Treasurer:

Jeri Simpson
PO Box 686
Lake Arrowhead CA 92352

Phone: 310-498-6076
Email: jerisimpson@icloud.com

Treasurer's Signature: _____

Club President's Signature: _____