



Placer Valley Sunrise Rotary

Check Request / Expense Reimbursement

Date: _____

Avenue of Service: _____

Purpose: _____

Reimbursement _____ OR Advance _____

If reimbursement, attach receipts. If advance, return receipts and reconciled funds to clear account.

Check payable to: _____

Mailing address: _____

City ST Zip : _____

Amount: _____

Approval – Avenue of Service Chair _____

(Signature and printed last name – Payee cannot approve)

Date of check: _____ Check number: _____



Placer Valley Sunrise Rotary

Check Request / Expense Reimbursement

Date: _____

Avenue of Service: _____

Purpose: _____

Reimbursement _____ OR Advance _____

If reimbursement, attach receipts. If advance, return receipts and reconciled funds to clear account.

Check payable to: _____

Mailing address: _____

City ST Zip : _____

Amount: _____

Approval – Avenue of Service Chair _____

(Signature and printed last name – Payee cannot approve)

Date of check: _____ Check number: _____