

Rocklin Loomis/Basin Rotary Foundation, Inc.



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: _____ Budget Category: _____

Approval – Avenue of Service Chair _____
(Signature and printed last name -- Payee can not approve)

Date of Check: _____ Check number: _____

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