

ROTARY CLUB OF FAIR OAKS
Request for Reimbursement

Date of Request: _____

Amount of Request:* _____ Payable to: _____

Mail to Payee** : _____ Bring to Club Meeting: _____

**Payee Mailing Address: _____

***LEGIBLE Copy of Receipt Must be Attached to this Request for Reimbursement.**
<<Form and Copy of Receipt may be emailed to: djdunbar@pacbell.net>>

Event or Area of Service (Check Mark):

International Svcs _____ Vocational Svcs _____ Club Svcs _____

Membership _____ Office/Admin _____ Marketing _____ President _____

Youth Svcs _____ Community Svcs _____ Foundation _____ Fundraiser _____

Budget Line Item or Purpose of Funds: _____

Approval Signatures (Required):

Club Executive Officer or Director

Treasurer's Use Only

Check Number _____ Date Paid: _____ Date Mailed: _____

Club Treasurer's Signature: _____

Absolutely no checks will be issued signed in advance, payable to cash, blank payee, or post-dated.

Please Make a Copy for Your Records.