

**DISTRICT 5240 CHARITABLE FOUNDATION ROTARACT  
GRANT REIMBURSEMENT REQUEST**

**Date Submitted**

**Rotaract Grant Number**

**DCF Grants Committee Approval**

**Name**

**Signature**

**Amount Authorized:**

**Mail Check Payable To Rotaract Club of**

**Mail To**

**Rotaract Contact:**

**Name**  **Phone Number:**

**Email Address**

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**DCF CHAIR APPROVAL**

**Name**  **Date**

**Signature**

**Check Number**  **Date Issued**

**Amount**  **Check Issued By**

**Acknowledgement/Receipt**