

Rotary

District 5890



GRANTS DISTRIBUTION REQUEST

Date of Request: _____

Person Making Request: _____

Rotary Club: _____

Telephone Number: _____

Make Payment to: Pay Vendor Directly Other

Mail Check to Payee: _____

Street Address: _____

City, State,Zip: _____

Attach All Invoices/Receipts

Event Date	Vendor	Budget Item/Event	Amount
TOTAL			

Approved for payment _____ Date: _____

Check Number _____ Date Written _____ Initial _____

**Submit to: District 5890 Treasurer- Grants, Kim Scofield
kimscofield1@gmail.com (713) 851-2243**