



Check Request Form 2016-2017

TODAY'S DATE: _____

EXPENSE ACCOUNT: _____

DATE (S) OF EXPENDITURES: _____

TOTAL AMOUNT DUE: _____

RECAP OF RECEIPTS: (please include a copy of original receipts)

1. _____
2. _____
3. _____
4. _____
5. _____

MAKE CHECK PAYABLE TO: _____

ADDRESS: _____

CITY, ST. & ZIP: _____

(Your Signature)

(Print Your Name)

Committee Chair approval: (If not signed by Committee chair the request will be delayed until approval is obtained.)

(Signature)

(Print Your Name)

Send signed request with receipts to:

Rotary District 5170
2570 N First Street, Suite 200
San Jose, CA 95131
Email: admin@rotarydistrict5170.org
Phone: 408-273-4577 Fax : 408-273-4555