

Rotary Club of _____

DISBURSEMENT AUTHORIZATION VOUCHER

Date:	Request by:	Tel
		Email
Project name or purpose:		
Make payment to :	Check box if payment is reimbursement to a club member <input type="checkbox"/>	Amount:
Documentation attached: For grants - keep for 5 years in folder and computer file separate from club operations.		
<input type="checkbox"/> Invoice	<input type="checkbox"/> Cancelled check	<input type="checkbox"/> Minutes
<input type="checkbox"/> Receipt	<input type="checkbox"/> Bank statement	<input type="checkbox"/> Email
<input type="checkbox"/> Pictures	<input type="checkbox"/> Check register	<input type="checkbox"/> Letters
<input type="checkbox"/> Brochures		
<input type="checkbox"/> Flyers		
<input type="checkbox"/> Other _____		
More information:		

Payment approved by (2 officers or directors required)

Name	Initials	Position	Contact
			Tel
			Email
			Tel
			Email

Payment

Date:	Payment made by:	Tel
		Email
Select bank account:		
<input type="checkbox"/> Club account	<input type="checkbox"/> District Grant Account	<input type="checkbox"/> Global Grant Account
Payment method:		
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card
<input type="checkbox"/> ACH	<input type="checkbox"/> Other _____	
More payment information:		