



ROTARY LEADERSHIP INSTITUTE -
Northeast America, Inc.

2017-18
Form #

PAYMENT REQUEST FORM

Gregory B. Roche
17 Edith Ave, Buzzards Bay, MA 02532
Phone: 617-510-6874
Fax: 617-249-0583
E-Mail: gregroche@outlook.com

Request Date: _____

Requestor: _____ Course Location: _____

Telephone: (Res.) _____ (Bus.) _____ (Cell) _____

Make check payable to: _____

Mail check to: Street: _____

City: _____ State: _____ Zip: _____

(You must use a separate payment request form for each payee.)

Item	Total
Course Expenses	
Facilities \$ _____	
Food \$ _____	
Other (Explain) _____ \$ _____	
Course Expense Total	\$ _____
Supplies (Explain) _____	\$ _____
Printing (Explain) _____	\$ _____
Postage	\$ _____
Shipping	\$ _____
Other (Explain) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL to be paid:	\$ _____

Supporting documents (original invoices, etc.) should be attached to this request by category.

Requestor's Signature _____

DO NOT WRITE BELOW THIS LINE

Date Paid: _____ Check No. _____ Notes _____