

**Rotary International North East PETS
Payment/Expenditure Request Form
2014-2015
Invoice Information
(Required)**

Please issue a check in the amount of:
TOTAL (receipts attached)

Itemized receipts:

Payable To:

Address _____ City _____ State _____ Zip Code _____

Description and/or reason for expenditure:

Note: Supportive documentation for expenditure must be attached to the request. If none is available, please note reason below:

Disposition of Check:

_____ Mail directly to above address

_____ Call when check is ready

_____ Other: _____
Specify

Approvals:

Event/Item: _____ Chairperson: _____

Prepared by: _____ Preparer's Phone #: _____

Signature

Date Requested: _____ NEPETS Chair Approval: _____

Treasurer's Approval: _____

E-Mail PDF of this form and receipts to:

DGE Kyong Wilson kyongcw@gmail.com
and NEPETS Chair Carolyn Johnson cfj2@mac.com

For internal use only:

Account # _____ Amount _____ Date Paid _____