

DISBURSEMENT REQUEST

Person Requesting Check/Payment _____ Request Date _____

Date Check/Electronic Funds Transfer (EFT*) is needed: Next Check Run – Other _____
(Disbursements are made semimonthly, please allow sufficient lead time)

Payable to _____ Amount \$ _____

Address: _____

City: _____ State _____ Zip: _____

This expense is part of our annual Committee Budget approved by Board:

Yes No (Explain): _____

Expense Description _____

Receipts/Invoice Attached: Yes No

Send payment to: Payee (address above) Person Requesting Other (specify): _____

Sponsoring Committee _____

Name of Committee Chair: _____

Please submit completed request to Treasurer. treasurer@fortcollinsrotary.org

If applicable, please scan receipt(s) and/or invoice and send with request.

* For EFT transactions, please provide bank routing information separately

Accounting Only:

Treasurer Approval Initials: _____

Check One: Club Charities

Expense Category Number _____

Expense Category Name _____