



ROTARY CLUB OF GLENVILLE – PRT COMMITTEE

Name of PRT Applicant/Payee: _____

Delivery Instructions: Mail _____ Hand Deliver (notes) _____

Mailing Address for Payment: _____

Event or Project: _____

PRT Member *(each member must sign):*

Select One:

Amount:

Provide Funding \$ _____
No Funding

Provide Funding \$ _____
No Funding

Provide Funding \$ _____
No Funding

Provide Funding \$ _____
No Funding

Provide Funding \$ _____
No Funding

PRT Recommendation:

Provide Funding \$ _____
No Funding

PRT Chairperson Signature: _____

Beginning Bal.: \$ _____ Award Amt: \$ _____ Ending Bal.: \$ _____

Board Action: Approve/Disapprove Amount: \$ _____ Date: _____

Board President Signature: _____