



"Service Above Self"

### ROTARY CLUB OF GLENVILLE REQUEST FOR CHECK OR REIMBURSEMENT

Name of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number of Requester: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Mailing Address for Payment: \_\_\_\_\_  
\_\_\_\_\_

Event or Project: \_\_\_\_\_

Date:	Description of Expense:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requester Signature: \_\_\_\_\_

Board President Signature -or-  
Project/Event Chair Signature: \_\_\_\_\_

For Treasurer's Use:  
Project Account to be Charged: \_\_\_\_\_ Amount: \_\_\_\_\_

\* Requester must attach copy of invoice or receipt and obtain appropriate signature for payment to be made.