

ROTARY INTERNATIONAL DISTRICT 7610
PAYMENT APPROVAL REQUEST

This form is applicable only to the use of district funds for district approved activities.
Rotary Year 2015-2016

Company Name: _____

Amount: _____ Date: _____ Invoice No. _____

Purpose: _____

Budget Area: (Check one)

Administration _____ Background Checks _____ Contest Awards _____
Membership/Extension _____ Public Image _____ Training / Conferences / Dinners _____
Youth Exchange _____ Other (Please specify) _____

Budget Line Item Number: _____

Make Check Payable to: _____

Address: _____

Special Instructions: _____

Member Signature: _____ Date: _____

Approval Recommended: (Check one) YES _____ NO _____

Date Approved or Denied: _____

Signature and Title (DG, DRFC or LTG) _____
Date _____
Signature Title

*Please attach all invoices or receipts when requesting reimbursement or payment

DG Signature and Date of Final Approval _____
Signature Date

Date sent to Treasurer for Payment: _____
Date

DG to send request for payment to Yonas Atoma, Treasurer.

E-mail to: yonasatoma@gmail.com
US Postal Service: Yonas Atoma, Treasurer
825 South Walter Reed Drive
Apartment 132-C
Arlington, VA 22204