

Rotary District 7670
Disbursement Request
2024-25



**Request for Disbursement/Check Request
District 7670**

Date _____, 20__ *Please attach invoice, documentation and/or receipts.*

Description	Amount
Account# _____	\$ _____
Account# _____	\$ _____
Account# _____	\$ _____
Account# _____	\$ _____
Account# _____	\$ _____
Account# _____	\$ _____
Account# _____	\$ _____
	Total\$ _____

Comments:

Name (print): _____

Address:

(Street)(City/Town), (State) (Zip Code)

Charge to: _____ (Budget Line Item)

DG/Finance Chair Approved: _____ **Date:** _

Treasurer: _____ **Date Paid:** _____ **Check #** _____