



**ROTARY LEADERSHIP INSTITUTE -
Northeast America, Inc.
PAYMENT REQUEST FORM**

2023-24
Form #

Phyllis M. Danks
6428 Curwood Drive
East Syracuse, NY 13057
Phone: 315-256-2152

Request Date: _____

Requestor: _____ Course Location: _____

Telephone: (Res.) _____ (Bus.) _____ (Cell) _____

Make check payable to: _____

Mail check to: Street: _____

City: _____ State: _____ Zip: _____

(You must use a separate payment request form for each payee.)

Item	Total
Course Expenses	
Facilities \$ _____	
Food \$ _____	
Other (Explain) _____ \$ _____	
Course Expense Total	\$ _____
Supplies (Explain) _____	\$ _____
Printing (Explain) _____	\$ _____
Postage	\$ _____
Shipping	\$ _____
Other (Explain) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL to be paid:	\$ _____

Supporting documents (original invoices, etc.) should be attached to this request by category.

Requestor's Signature _____

DO NOT WRITE BELOW THIS LINE

Date Paid: _____ Check No. _____ Notes _____