

Rotary District #7150
Voucher Request

DATE REQUESTED: _____

PAY TO THE ORDER OF: _____

MAILING ADDRESS: _____

PAYMENT IS FOR: _____

TOTAL AMOUNT REQUESTED:
(to be completed by requestor) _____

NAME OF PERSON REQUESTING: _____

COMMITTEE CHAIR APPROVAL (signature): _____

Bottom half to be completed by District

TOTAL AMOUNT BUDGETED & PAID:
(to be completed by DG & Treasurer) _____

CATEGORY TO BE CHARGED: _____

BUDGET ITEM NUMBER: _____

SITTING Governor APPROVAL (signature): _____

APPROVAL DATE: _____

DATE PAID: _____

CHECK # ISSUED: _____

Make sure to attach all documentations, checks cannot be issued without it.
For amounts in excess of \$250, prior approval is required

Return To District Treasurer:
Sam Crisino
Rotary District 7150
119 Gravesville Road
Poland, NY 13431