

ROTARY DISTRICT 7475 FOUNDATION

PDG John Wilson, Chairman ~ Michael R. Townley, Treasurer

Use this District Project Requisition for Payment
or Send an Email with the Same Details

REQUESTED FOR PROJECT : _____

AMOUNT REQUESTED: _____ **RECEIPT(S) ATTACHED: YES:** _____ **(initial)**

DATE(S) OF PURCHASE(S): _____

REQUEST PAYMENT FOR THE FOLLOWING: _____

CHECK PAYABLE TO: _____

MAIL TO NAME & ADDRESS : _____

PAYMENT DUE BY DATE: _____

I CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS PAYMENT REQUEST FORM:

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

EMAIL OR MAIL : EXPENSE VOUCHER WITH INVOICE/RECEIPTS TO FOUNDATION TREASURER *MICHAEL TOWNLEY* - Michael.Townley@rotarynj.org OR 342 RAHWAY AVENUE, SOUTH PLAINFIELD, NJ 07080-3741

NOTE: NO CHECKS WILL BE ISSUED DIRECTLY TO A VENDOR WITHOUT THIS COMPLETED REQUISITION OR AN EMAIL CONTAINING THIS SAME INFORMATION AND COPIES OF INVOICES/RECEIPTS.

FOR TREASURER ENTRIES ONLY

AUTHORIZED BY: _____ **DATE:** _____ **METHOD:** _____

FUND: _____ **VERIFICATION DATE:** _____

FUNDS AVAILABLE: _____ **THIS PAYMENT:** _____ **BALANCE:** _____

PAYMENT MADE TO: _____

CHECK NUMBER: _____ **IF PAID ELECTRONICALLY, CONFIRMATION NUMBER** _____

DATE PAID: _____ **TREASURER SIGNATURE** _____

***ALL REQUISITIONS AND RECEIPTS WILL BE KEPT AND FILED WITH THE PROJECT PAPERWORK.
A COPY OF THIS COMPLETED FORM WILL BE RETURNED TO REQUESTOR***