

**ROTARY D7475 SERVICE FOUNDATION, INC.**

**PDG Dr. D. Michael Hart, Chair**

**Michael R. Townley, Treasurer**

**CLUB PROJECT EXPENSE VOUCHER**

**REQUESTED FOR PROJECT :** \_\_\_\_\_

**AMOUNT REQUESTED:** \_\_\_\_\_ **RECEIPT(S) ATTACHED: YES:** \_\_\_\_\_ **(initial)**

**DATE(S) OF PURCHASE(S):** \_\_\_\_\_

**REQUEST PAYMENT OF THE FOLLOWING:** \_\_\_\_\_

\_\_\_\_\_

**CHECK PAYABLE TO:** \_\_\_\_\_

**TAX EXEMPT #:** \_\_\_\_\_ **MAIL TO NAME & ADDRESS :** \_\_\_\_\_

\_\_\_\_\_

**PAYMENT DUE BY DATE:** \_\_\_\_\_

**CLUB NAME :** \_\_\_\_\_ **CLUB PRESIDENT:** \_\_\_\_\_

**I CERTIFY THAT I AM AUTHORIZED BY MY CLUB TO SUBMIT THIS PAYMENT REQUEST FORM:**

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**EMAIL OR MAIL :** Expense voucher with invoice and receipts to Foundation Treasurer *MICHAEL TOWNLEY* - mrtownley@njrotary.org or 342 Rahway Ave, South Plainfield, NJ 07080-3741

**NOTE:** An email with the required information may be submitted in lieu of this form, if preferred. No checks will be issued to a vendor without this completed requisition or email and invoice/receipts.

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**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 by the Treasurer with the project paperwork.  
A copy of this completed form will be returned to the requestor.*