

ROTARY D7475 SERVICE FOUNDATION, INC.

PDG Dr. D. Michael Hart, Chair

Michael R. Townley, Treasurer

DISTRICT 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 : _____ DISTRICT OR CLUB POSITION: _____

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* - MRTownley@njrotary.org OR 342 RAHWAY AVENUE, SOUTH PLAINFIELD, NJ 07080-3741.

NOTE: THIS INFORMATION MAY BE SUBMITTED BY EMAIL IF PREFERRED. NO CHECKS WILL BE ISSUED DIRECTLY TO A VENDOR WITHOUT A COMPLETED REQUISITION AND INVOICE/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*