

ROTARY D7475 SERVICE FOUNDATION, INC.

PDG Dr. D. Michael Hart, Chair

Michael R. Townley, Treasurer

DISTRICT PROJECT EXPENSE VOUCHER

PROJECT NAME: _____ **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 : _____ **DISTRICT/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. THIS INFORMATION MAY BE SUBMITTED BY EMAIL IF PREFERRED.**

**NO CHECKS WILL BE ISSUED DIRECTLY TO A VENDOR WITHOUT A COMPLETED EMAIL OR 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***