

Port Townsend Rotary

Expense/Check Request Voucher

Date of Bill: _____ Date of Meeting: _____

Person Submitting Bill: _____

Purpose of Expense: _____

Payment Due Date: _____

Committee or budget account to charge: General Fund Charitable Fund

Receipts Attached: Yes _____

No _____ When will receipts be submitted? _____

AMOUNT TO BE DISBURSED: _____ To Whom? _____

Address: _____

AMOUNT TO BE DISBURSED: _____ To Whom? _____

Address: _____

AMOUNT TO BE DISBURSED: _____ To Whom? _____

(Attach additional pages as required)

(For Treasurer Only)

Check # _____ Date of Check _____

Club President Approval (Over \$300.00) _____ Date _____

Committee Chair Approval _____ Date _____

Club Board of Directors (If Needed) _____ Date _____

TREASURER Signature & Date