



CHECK REQUEST FORM

DATE: _____

PAY TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REQUESTED BY: _____

CMTE CHAIR'S SIGNATURE OF APPROVAL: _____

EXPENSES DESCRIPTION (describe purpose): _____

TOTAL AMOUNT OF CHECK: \$ _____

- Receipt or Invoice must accompany this Check Request Form
- Request over \$500.00 require the approval of the Green Valley Rotary Board of Directors

ACCOUNT NUMBER(s) (see below): _____

60130	Legal & Accounting	60200	St. Francis in the Valley
60160	Desert Wheel Bulletin	60210	International Assessment
60165	Website	60217	Meals
60169	Public Relations	60220	Postage
60170	Administration	60225	Storage
60171	Membership	60226	Supplies
60171	Fireside Chats/Pres. Brkfst	60240	Miscellaneous
60227	RYLA	60600	President's Discretionary
60173	Speech & Essay Contests	60900	District 5500 Installation
60240	PETS Training	60760	Donations
60175	Convention	60710	Country Fair
60177	District Conference	60720	Spaghetti Spree
60190	District Assessment	60440	GV Rotary Foundation
60197	Speaker's Honorarium	60725	Calendar