ROTARY CLUB OF ARDEN ARCADE

CHECK REQUEST FORM

DATE REQUESTED: _____	AMOUNT: _____
CHECK PAYABLE TO: (name and address):	DATE NEEDED _____/_____/_____ ☐ Return to individual requesting check ☐ Give check to:_____ ☐ Mail by ____/____/_____ (date)
DETAILED DESCRIPTION:	

PLEASE CHECK APPROPRIATE ACCOUNT

ROTARY OPERATING ACCOUNT	
FOUNDATION OPERATING ACCOUNT	

Copy of purchase order, packing slip, invoice, receipt or related paperwork MUST be submitted/attached to this request form

ROTARIAN REQUESTING CHECK:

_____ Name

_____ Approval Signature Date

MUST have signed approval from President or Treasurer