



ROTARY CLUB OF ARDEN ARCADE  
**CHECK REQUEST FORM**

DATE OF REQUEST: _____	AMOUNT: _____
CHECK PAYABLE TO (name and address):	DATE NEEDED: _____ <input type="checkbox"/> Return to individual requesting check <input type="checkbox"/> Give check to: _____ <input type="checkbox"/> Mail by ___/___/_____ (date)
DETAILED DESCRIPTION:	

PLEASE CHECK APPROPRIATE ACCOUNT

- CLUB OPERATING ACCOUNT
- FOUNDATION OPERATING ACCOUNT

**Copy of purchase order, packing slip, invoice, receipt or related paperwork  
MUST be submitted with this form.**

ROTARIAN REQUESTING CHECK: \_\_\_\_\_  
*Name*

APPROVED BY: \_\_\_\_\_  
*Name, Title*

**MUST have signed approval from President or Treasurer**

**FOR ACCOUNTING USE ONLY**  
ACCT \_\_\_\_\_ CLASS \_\_\_\_\_  
CHECK# \_\_\_\_\_ DATE \_\_\_\_\_ POSTED BY \_\_\_\_\_ DATE \_\_\_\_\_