



**The Charitable Foundation of Rotary 6450, Inc.**  
**PAYMENT AUTHORIZATION FORM**  
**Fiscal Year 2017-2018**

Mail to: c/o Rotary International District 6450, Inc. P.O. Box 5290 River Forest, IL 60305-5290  
 or email to [foundation@rotary6450.org](mailto:foundation@rotary6450.org)

**Date:**

**Project Title and Number:**

**Number: \_**

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	Reimbursement for Out of Pocket Expenses
	Payment of Invoice
	Final Distribution of Net Project
	Other: _____

<b>Submitted by</b>	
<b>Short Description</b>	
<b>Phone</b>	
<b>Amount</b>	\$

**Payable to:**

<b>Organization</b>	
<b>Address 1</b>	
<b>Address 2</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	

**For Office Only**

<b>Date Received</b>	
<b>Date Paid</b>	

<b>Approved By:</b>	
<b>Paid By:</b>	