



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

Date:

Project Title and Number:

Number: _

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<input type="checkbox"/>	Reimbursement for Out of Pocket Expenses
<input type="checkbox"/>	Payment of Invoice
<input type="checkbox"/>	Final Distribution of Net Project
<input type="checkbox"/>	Other: _____

Submitted by	
Short Description	
Phone	
Amount	\$

Payable to:

Organization	
Address 1	
Address 2	
City	
State	
Zip	

For Office Only

Date Received	
Date Paid	

Approved By:	
Paid By:	