West U Rotary Foundation

Date: _____

Check Request

Requested by: _____

Purpose: _____

Pay to: _____

Address: _____

Ciry, State, ZIP: _____

Date	Inv #	Description	Amount

Remarks: _____

In Approved Budget: Yes/No _____ :Budget Item

Approval required by Board: Yes/No (Yes if not bugeted and over $500 / No if not budgeted and under $500)
Approval Signature & Date: _____

Approval required by President: Yes/No (Yes if not budgeted and under $500) Check #: _____

Approval Signature & Date: _____ Date: _____