



Rotary Club of Tarpon Springs Payment Requisition Form



Date Submitted: _____ Date Required: _____

Amount Requested: _____ Receipt Attached: Yes or No

Purpose of Expenditure: _____

Budget Line Account Name / Number: _____

Submitted by:
Contact Person (Name, Phone, and Email Address)

Name: _____ Phone: _____

Email: _____

Remit payment (choose one)

Remit payment directly to Vendor reflected on the attached receipt/invoice

Remit payment to (Name/Address):

Name: _____

Address: _____

Authorization: (Must be signed by two Officers or Board Members)
The payment coding and attached original receipt(s) are approved for payment.

Signature: _____ Title _____

Signature: _____ Title _____

Payment Information: (Treasurer Use Only)		
Check No. _____	Bank Account: _____	Amount: _____
Date Paid: _____	Date Mailed or Delivered: _____	