



Check Request Form
Rotary District 5320, Inc.
 P.O. Box 3970, Orange, CA 92857-3970
 FAX: (714) 921-8655

Checks are processed the 2nd and 4th Thursday of each month. **PLAN AHEAD**

*** Payable to: _____

Address: _____

City, State, Zip _____

Special Instructions: _____

Date Check Required _____

Date Submitted _____ Requested by: _____

**All check requests need to be approved by the
 Governor or District Treasurer before being processed.***

Budgeted? Yes _____ No _____ approved by: _____

Over budget? Yes _____ No _____ approved by: _____

Event: _____

Item Description	Amount	Account and Class (for District Staff only)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

*** all check requests must have a copy of original receipts and supporting documentation attached.**

Received / Processed by: _____ Date Processed _____ Check # _____