

THE ROTARY CLUB OF WEST CHESTER  
PO Box 743  
West Chester, PA 19381-0743

TO: Robert Feenan, Treasurer

FROM: \_\_\_\_\_

RE: Authorization for Payment

Please make the following payments:

Name and Address	Purpose	Amount	Account	Check Number

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Requestor's Signature

Date

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Avenue Chair's Signature

Date

**\*\*\*Not valid without signature of Avenue Chairperson\*\*\***

All requests for reimbursement or vendor payment **must** use this form. Attach any supporting documentation (receipts, invoices, etc.). Your cooperation is appreciated.

Revised 12/10/2009