

WESTERVILLE SUNRISE ROTARY FOUNDATION
REQUEST FOR FUNDS

GENERAL INFORMATION	
Today's Date: _____	Date Needed: _____
Requested By: _____	Phone: _____
Authorization: ___ Budget ___ Board ___ Other (Specify) _____	

REASON FOR REQUEST	
Event/Purpose: _____	

PAYMENT INFORMATION	
Payment #1 - Amount _____	
Name _____	
Address _____	
Payment #2 - Amount _____	
Name _____	
Address _____	
Payment #3 - Amount _____	
Name _____	
Address _____	

RECEIPTS OR COPIES MUST BE ATTACHED

Deliver to Larry Jenkins, P.O. Box 1200, Westerville, OH 43086-1200

For Treasurer's Use Only

Check Number: _____ Date Paid: _____ By: _____

Account: _____ Class: _____

Delivered By: _____