



2023-2024 President - Bob Harbicht

CHECK REQUEST

		*** PLEAS	E FILL (OUT ***	
PAYABLE:	PAYABLE:			Date :	
Address:					
City, St. Zip:	, St. Zip:			Amount:	
Phone No.:					
DATE	ATE RECEIPT FROM			DESCRIPTION	AMOUNT
+					
+					
				Total Check Amount:	
Rota	ry 🎆	APPROVED:			
	GREAT CO.			Signature of I	Director
1) Fill out	INSTRUCTIONS	!	J		
2) Attach Receipts/Documentation 3) Signature required from Director 4) Submit to Treasure: Gil Stromsoe 5) Payment will be processed between 5-10 Days				Avenue of Servic	e: CLUB