**Rotary Club of San Francisco**

**Rotary Service, Inc.**

**Check Requisition/Tax Deductible Donation in Lieu of Reimbursement**

|  |
| --- |
|  |
|  |
|  |
|  |

|  |
| --- |
|  |

**Pay to: Date:**

|  |
| --- |
|  |

**Requested by:**

*Please check one box and specify the Project Name that funds for this check should be taken from:*

**Rotary Club**

|  |
| --- |
|  |

**Project:**

**Rotary Service, Inc.**

|  |
| --- |
|  |

**Project:**

|  |
| --- |
|  |

**Organization or Company Tax ID Number:**

*Please check this box if this is a donation:*

**Tax-Deductible Donation in Lieu of Reimbursement**

|  |  |
| --- | --- |
| **Description:** | $ |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** | $ |

**Signature of Requester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fiscal Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*Note: If funds are from Rotary Service, Inc., you must provide an organization/company tax ID for the payee.***

Revision 3.0 – 6/2015