



2024-2025 President - Rosie Mares

CHECK REQUEST

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PAYABLE:			Date : Amount:	
Address: City, St. Zip:				
		Phone No.: _		
DATE	RECEIPT FROM		DESCRIPTION AMOUN	
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- MAG			Total Check Amount:	
Rota	ry APPROVED:			
INSTRUCTIONS		Signature of Director		
l) Fill out		┦ ┌─	Avonue of Comi-	. CI IID
2) Attach Rece	eipts/Documentation		Avenue of Service	t: CLUB