

***** WEST SEATTLE ROTARY *****
PAYMENT DUE VOUCHER

Payment to: _____

Address: _____

Phone: _____ Fax: _____

Invoice attached: _____ YES _____ NO

Date submitted: _____ Total amount due /& or received _____

Description of Transaction: _____

This transaction is to be assigned to (complete all that apply):

1. Club operation income.

Describe: _____

As per attached

2. Fund Raising:

Auction Berry Sale Christmas Shopping Entertainment Books Other _____

3. Club Service Committee:

Community Service International Service Vocational Service Other _____

Organization Donated to: _____

Address: _____ City _____ State _____

Contact Person: _____

Phone: _____ Fax: _____

Comments: _____

Submitted by: _____ Work Phone: _____ Home Phone _____

Signature of submitting Rotarian: _____

Approved by Board Member: _____ Initialed: _____

Title: _____

(No payments will be made from Club funds without the Club Treasure or Club President's authorization)

Pass by Robert Rayner, Treasure: c/o 3703 California Ave. SW Ste C, 98116-3771, or Fax (206) 937-4402. (Voice: Work 937-4400 Home: 932-1344)

Payment Date: _____ Amount: _____

* Attach photo copies of checks or a listing of same and amount of each if not a copy & deposit slip if already deposited.
If applicable, Date paid _____ Check # _____