**Rotary Club of San Francisco**

**Rotary Service, Inc.**

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

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**Pay to: Date:**

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**Requested by:**

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

 [ ]  **Rotary Club**

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|  |

 **Project:**

 [ ]  **Rotary Service, Inc.**

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 **Project:**

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 **Organization or Company Tax ID Number:**

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

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

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| **Description:** | $ |
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| **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