

# UNIVERSITY SUNRISE ROTARY CLUB

## Disbursement Authorization

**PAYEE:**

Name: \_\_\_\_\_

Mailing Address:

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PURPOSE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requesters Name** \_\_\_\_\_

**Authorizing Signature** \_\_\_\_\_

**Amount** \_\_\_\_\_

**Date** \_\_\_\_\_

**Check Number** \_\_\_\_\_

\_\_\_\_\_  
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**COMMENTS:**

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