

UNIVERSITY SUNRISE ROTARY SERVICE FOUNDATION

Disbursement Authorization

Requester's Name _____

Date: _____

RECIPIENT

Name: _____

Mailing Address: _____

Street or P.O. Box _____

City: _____

State: _____

ZIP: _____

PURPOSE (Attach documents, if necessary)

Amount of Request: _____

APPROVAL (Signature of two (2) Foundation Board Members Required)

Authorizing Signature _____

Date: _____

Authorizing Signature _____

Date: _____

Date: _____

Check Number: _____

Amount: _____