

CHICO ROTARY FOUNDATION  
CHECK REQUEST FORM

DATE \_\_\_\_\_

Requested by: \_\_\_\_\_

Payable to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount: \_\_\_\_\_

Account/Club: \_\_\_\_\_

Budget item: \_\_\_\_\_

APPROVAL \_\_\_\_\_

Date \_\_\_\_\_