



ROTARY LEADERSHIP INSTITUTE -
Northeast America, Inc.

Form #: _____

PAYMENT REQUEST FORM

Eric S. Parker
Institute Treasurer
3751 Middle Reservation Road, Perry, NY 14530
Phone: (H) 585-237-3001, (W) 585-468-2400
Fax: 585-468-3449
E-Mail: esparker@frontiernet.net

Request Date: _____

Requestor: _____ Course Location: _____

Telephone: (Res.) _____ (Bus.) _____ (Cell) _____

Make check payable to: _____

Mail check to: Street: _____

City: _____ State: _____ Zip: _____

(You must use a separate payment request form for each payee.)

Item	Total
Course Expenses	
Facilities	\$ _____
Food	\$ _____
Other (Explain) _____	\$ _____
Course Expense Total	\$ _____
Supplies (Explain) _____	\$ _____
Printing (Explain) _____	\$ _____
Postage	\$ _____
Shipping	\$ _____
Other (Explain) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL to be paid:	\$ _____

Supporting documents (original invoices, etc.) should be attached to this request by category.

Requestor's Signature _____

DO NOT WRITE BELOW THIS LINE

Date Paid: _____ Check No. _____ Notes _____