

WARWICK VALLEY ROTARY
IN-KIND DONATION AND/OR EXPENSE SHEET

DATE: _____

EVENT: _____

EVENT CHAIR: _____

EVENT DATE: _____

ROTARIAN NAME: _____ SIGNATURE _____

NON-ROTARIAN SPONSOR NAME: _____ SIGNATURE _____

ADDRESS: _____

EMAIL: _____

PHONE (HOME): () _____

(CELL): () _____

DONATION:

AMOUNT OF DONATION: \$ _____

CASH _____ CHECK _____ OTHER _____

EXPENSE:

AMOUNT OF EXPENSE: \$ _____

DETAIL OF EXPENSE:

ATTACH ALL RECEIPTS, CLEARLY MARKED

CHAIR APPROVAL: _____

DATE: _____