



ROTARY LEADERSHIP INSTITUTE -  
Northeast America, Inc.

2018-19  
Form #  
\_\_\_\_\_

**PAYMENT REQUEST FORM**

**Gregory B. Roche**  
17 Edith Ave, Buzzards Bay, MA 02532  
Phone: 617-510-6874  
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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 \_\_\_\_\_