



**ROTARY LEADERSHIP INSTITUTE -  
Northeast America, Inc.  
PAYMENT REQUEST FORM**

2021-22 Form # _____
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Susan Reisman  
 7868 Broadfield Rd, Manlius, NY 13104  
 Phone: 315-415-8361  
 E-Mail: suereisca@gmail.com

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 \_\_\_\_\_