



ROTARY INTERNATIONAL - DISTRICT 6580

PAYMENT CLAIM AND VOUCHER

Date	Amount
Pay to:	
Address	
Purpose/Notes	
Budget Account	
Person to contact	
Address	
Work Phone	Home Phone:
Signature	
<p>Attach invoices and/or receipts and other related documents, and mail to:</p> <p style="text-align: right;">Bob Browning 9001 Wesleyan Road, Suite 111 Indianapolis, IN 46268</p>	

Budgeted	Claims paid to date
Recommendation	
Signature	
Bob Browning, District Treasurer	

District Governor Action	Date
Notes/Comments	
Signature	
Steve LaRoche, District Governor	

Payment Amount	Check Number	Date
----------------	--------------	------