

**NOTE: In order to use the automated features of this form you must open it in either ADOBE READER or ADOBE ACROBAT. [Download Acrobat Reader for Free Here](#)**



Redondo Beach  
Community  
Foundation

# Payment Request

Number \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Made out to \_\_\_\_\_ Amount \_\_\_\_\_

Purpose (as Noted on Check) \_\_\_\_\_

Budget Line Item (to be debited) \_\_\_\_\_

### Payment Delivery

To \_\_\_\_\_ for-hand delivery      partial      paid in full  
 Mail to \_\_\_\_\_      Reimbursement  
 \_\_\_\_\_      Payment  
 \_\_\_\_\_

Back-up documentation (quotes, logs, receipts etc.) have been scanned & emailed to the RCRBCF Treasurer

#	Item	Purpose	Amount
1			
2			
3			
4			
5			

TOTAL

Applicable Area	
<input type="checkbox"/>	Community Service
<input type="checkbox"/>	Peace and Conflict Resolution
<input type="checkbox"/>	International
<input type="checkbox"/>	Vocational
<input type="checkbox"/>	Youth
<input type="checkbox"/>	Fund Raising Expense
<input type="checkbox"/>	Misc. Operations Expense

### Required Approval

Club Area of Service/fund Raiser Chair  
 Foundation Treasurer

### Automatic Distribution

Club President	Foundation President
Club President Elect	Foundation Secretary
Club Vice President	Foundation Board Member at Large

For Foundation Treasurer

Check Number \_\_\_\_\_ date \_\_\_\_\_

Wire Transfer \_\_\_\_\_ date \_\_\_\_\_

Date Mailed/Sent \_\_\_\_\_