

Funds Request Form

(Keep a copy of this form and receipts for your records)

**** Email this form along with Bill/Invoice or Receipts. We DO NOT reimburse for Sales Tax****

Name: _____ Phone#: _____ Date: _____

Committee: _____ Check Amount: _____

Make Check Payable to: _____

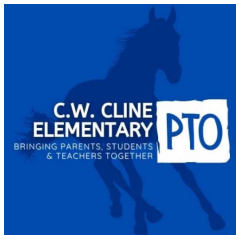
Address (if mailing): _____

Description of Request: _____

Line-Item Expense in Budget to be Applied Towards: _____

Treasurer Verifying Funds: _____ Check # _____ Date: _____

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