

REQUEST FOR FUNDS

This request for funds must be signed by the person requesting the funds. Submit the completed and signed form to the Area Treasurer.

The purpose of this request for funds is:

1. To pay for products or services already received but not paid for. Please attach bill from vendor.
2. To reimburse an individual for personal funds expended for Area business. Attach paid bills or receipts. Cash register receipts must be identified by a notation as to what was purchased. Wherever possible, please attach original receipts.
3. To provide funds for future Area expenses anticipated by the individual requesting the funds (advance). Each advance must be accounted for. A "Settlement of Advance" form will be issued with each advance, to be completed and returned to the treasurer when the funds have been expended or at the end of the calendar year. Bills and receipts, as directed above, together with any remaining funds, must accompany the "Settlement of Advance" form.

Date: _____ **Amount Requested: \$** _____ **Office/Committee:** _____

Make check payable to:

Name: _____

Address: _____

City, State, Zip: _____

Funds requested by:

Signature: _____ Print Name: _____ Position: _____

Date	Item	Amount

Total Amount Requested: \$ _____

Mileage Reimbursement (will be reimbursed at rate in effect on date of trip & added to total above)

Date of Trip	For:	Mileage

To Be Completed by Treasurer

Date Paid: _____ Amount Paid: _____ Check Number: _____

Treasurer's Signature: _____