



One Voice, One Vision

**ASCLS- Wisconsin Request for Funds**

Event that is requesting funding: \_\_\_\_\_

Date and Location of Event: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Why are the funds being requested: \_\_\_\_\_

\_\_\_\_\_

Have the funds already been spent: YES or NO

If yes, please provide the receipt with the request.

If no, when will they spent: \_\_\_\_\_

**The ASCLS- Wisconsin Board of Directors will discuss if the funds align with the mission and vision of the organization. Distribution of the funds will be at the discretion of the board.  
Please provide information to send**

Write Check out:

Name of individual or group: \_\_\_\_\_

Collecting on behalf of: \_\_\_\_\_

Email of contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_

**\* Form must be emailed to ASCLS-WI Treasure or to a member of the current ASCLS-WI BOD before the funding is needed or within 14 days of having spent the monies being requested.**