

REQUEST FOR FUNDS

Request Submission Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Committee \_\_\_\_\_

Expense Total Amount: \_\_\_\_\_ (Sales Tax is NOT Reimbursable)

Payee: \_\_\_\_\_

Description of Expenditure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Breakdown of Total Amount:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Receipts Attached (if applicable) \_\_\_\_\_

Contract Attached (if applicable) \_\_\_\_\_

Authorized by: Board Chair or Committee Head \_\_\_\_\_  
Signature/date

Paid by Check # \_\_\_\_\_  
Treasurer/date