



SWANA - REQUEST FOR FUNDS

SOUTHWEST WASHINGTON AREA - P.O. BOX 2782, VANCOUVER, WA 98668

Today's Date:		Amount Requested:	
Requestor's Name and Position:			
Name of Group or Committee:			
Purpose:			

Officer's Notes <i>(Refer to Article X; Section 10 and 11.)</i>			
Motion number these funds are associated with:			
Does this require new monetary expenditures?	VOTING		
YES: <input type="checkbox"/> NO: <input type="checkbox"/>	FOR:	AGAINST:	
Funds Paid?	Authorization By:		
YES: <input type="checkbox"/> NO: <input type="checkbox"/>			

Treasurer's Notes			
Amount Paid:		Check Number:	

Note: All expenditures shall be verified by invoice or receipts. Attach all to this form.

Cash returned from this expense?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
Amount Returned:		Deposit Reference Number or Date: