

**Financial Executive Board of Directors
Prince Hall Grand Chapter
State of Washington and Jurisdiction**

FILLABLE REQUEST FOR FUNDS FORM

Check Number _____

Date:

Name of Person requesting funds:

Purpose of funds requested

Budgeted Line Item number General Check Box Charity Check Box

Non Budgeted item General Check Box Charity Check Box

Total Budgeted \$

Balance of Funds \$

Amount Requested \$

Remaining Balance \$

Amount Overspent/Refunded \$

Amount Returned by Requestor \$

Adjusted Remaining Balance \$

Name: Make check payable to

Signature of Requester _____

Please note, All funds will be paid once a month or sooner in an emergent need for funds.

Approval Signature (s)

Date

Disapproval Signature (s)

Grand Worthy Matron

Chairperson-FEBOD
