



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

REQUEST FOR FUNDS FORM

Check Number _____

Date: _____

Name of Person requesting funds: _____

Purpose of funds requested _____

Budgeted Line Item number _____ General _____ Charity _____

Non Budgeted item _____ General _____ Charity _____

Total Budgeted	\$	_____
Amount Requested	\$	_____
Balance of Funds	\$	_____
Amount Spent	\$	_____
Amount Over Spent	\$	_____
Amount Refunded (unused funds)	\$	_____

Total balance of budgeted Funds \$ _____

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)
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_____	_____	_____
Grand Worthy Matron		

_____	_____	_____
Chairperson-FEBOD		