



Raindrop Decorative Painters

REQUEST FOR FUNDS

Name: Committee/Office To Be

Date:

Charged:

Make Check Payable To:

Mailing Address:

List Receipts, Amount and Attach To Form

- | | |
|----|----|
| 1. | \$ |
| 2. | \$ |
| 3 | \$ |
| 4 | \$ |
| 5 | \$ |
| 6 | \$ |
| 7 | \$ |
| 8 | \$ |
| 9 | \$ |
| 10 | \$ |

Total Requested: \$

Approved By:

(President)

Date:

Check Number

Amount of Check \$

Treasurer

Date: