## PLEASE PRESENT THIS REQUEST FOR FUNDS TO THE CURWOOD OFFICE AT LEAST FIVE WORKING DAYS PRIOR TO THE MONTHLY BOARD MEETING. PLEASE ATTACH RECEIPT.

## CURWOOD FESTIVAL INC. COMMITTEE CHAIRPERSON REQUEST FOR FUNDS

Date:	Committee:
Purpose:	
Date needed by:	Check Amount:
Check payable to:	<del> </del>
Accounting Code #:	Signature
Office Use Only	
Check #: Date Written Verified to Approved Preliminary Budget □Yes □ No Receipt Attached □Yes □ No	
PLEASE PRESENT THIS REQUEST FOR FUNDS TO THE CURWOOD OFFICE AT LEAST FIVE WORKING DAYS PRIOR TO THE MONTHLY BOARD MEETING. PLEASE ATTACH RECEIPT.	
CURWOOD FESTIVAL INC.	
COMMITTEE CHAIRPERSON REQUEST FOR FUNDS	
Date:	Committee:
Purpose:	
Date needed by:	Check Amount:
Check payable to:	
Accounting Code #:	Signature
Office Use Only	
Check #: Date Written Verified to Approved Preliminary Budget □Yes □ No Receipt Attached □Yes □ No	