

**Diller Community Foundation**

**Request For Funds**

(Use to withdraw funds form special accounts)

**Date:** \_\_\_\_\_

**Name of Special Fund:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Date Funds Are Needed By:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**1<sup>st</sup> Billing**

**Make Check Payable To:** \_\_\_\_\_

**Address Where Check Is To Be Sent:** \_\_\_\_\_

**2<sup>nd</sup> Billing**

**Make Check Payable To:** \_\_\_\_\_

**Address Where Check Is To Be Sent:** \_\_\_\_\_

**3<sup>rd</sup> Billing**

**Make Check Payable To:** \_\_\_\_\_

**Address Where Check Is To Be Sent:** \_\_\_\_\_

**Description of Project: (use back of this form if more space is needed)**

**Signature:** \_\_\_\_\_

Return completed forms to a current Diller Community Foundation Board Member

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For Office Use Only

**Date of Approval:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Notes:**