

**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 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

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