Jersey Cape Military Spouses' Club

Fund Request Form

Instructions: Please complete the top half of the fund request form and submit with receipt or invoice to the treasurer for payment. Send to:

> Jersey Cape Military Spouses' Club Attn: Treasurer P.O. Box 2354 Cape May, NJ 08204

Date:	Total Amount Requested: \$		
Make Check Payable	e To:		
Send Check To (com	nplete if check is to be mail	led):	
Name: Company: Address:			
Type of Fund Reques	st (please check one):	□ Donation □ Other	
Please provide a br	ief description:		
· ·	n Submitting Request		
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To be completed	d by the Treasurer:		
Non-Budgeted Ex	pense Authorization (ci	ircle one):	
Up to \$150 – Board	d authorization required		
More than \$150 – 0	General Membership aut	horization required	
Budgeted Disburse	ment:		
Approval:			
Treasurer		ate	Check #