

THE FLORIDA WHIPS

REQUEST TO TREASURER FOR REGIONAL FUNDS

Regional Director's Name _____

Phone _____ E-mail _____

Date _____

Amount Requested _____

The members of the region must vote to approve expenditures of funds. Was this approved at a regional meeting? date: _____?

Or by phone poll? date: _____

Explanation/ Use of funds _____

Note: the treasurer must receive invoices, sales slips, or some other proof of what the funds are to be or were used for.

Check should be made out to: NAME _____

ADDRESS _____

SIGNATURE _____

Regional Director

Send to: Judy Martin, 2805 SE 156th Place Road, Summerfield, FL 34491