

**THE FLORIDA WHIPS**

REQUEST TO STATE BOARD FOR FUNDS

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_

Amount Requested \_\_\_\_\_

Explanation/ Use of funds \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Recipient Information: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

(Applicant)

(Regional Vice-President if applicable)

Approved by membership date \_\_\_\_\_ (if amount exceeds \$1000)

Approved by board date \_\_\_\_\_