

Swedesboro-Woolwich Little Theater
Request for Funds
Please complete and submit to a Board Member

Section I: Completed by Recipient

Date of Purchase: _____ **Reviewed By:** _____

Submitted By : _____ **Date Reviewed:** _____

Date Submitted to Board: _____ **Board Rejected (Y/N):** _____

Requested Amount: _____

Intended Purchase: _____

Reasoning : _____

Make check payable to: _____

Receipt/Invoice information

of Receipts/Invoice(s) attached: _____

Name of business (es) where purchase(es) were made: _____

Additional Information: _____

Section II: Board Use Only

| Date | Approved by | Reason Denied |
|------|-------------|---------------|
|------|-------------|---------------|

| Check Number | Payee | Issued By | Date | Amount |
|--------------|-------|-----------|------|--------|
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