

Auxiliary Fund Request Form

(Complete this section if requesting funds from
your Auxiliary Fund Account)

SUBMITTED BY: _____

DATE: _____

Auxiliary _____

Purpose of this request: _____

CHECK MADE PAYABLE TO: **AMOUNT**

1. **NAME** _____ \$ _____

ADDRESS _____

CITY _____ **ST.** _____ **ZIP** _____

2. **NAME** _____ \$ _____

ADDRESS _____

CITY _____ **ST.** _____ **ZIP** _____

3. **NAME** _____ \$ _____

ADDRESS _____

CITY _____ **ST.** _____ **ZIP** _____

Total amount of this request: \$ _____

AUXILIARY HEAD/TREASURER WRITE BELOW THIS LINE

FUND STARTING BALANCE \$ _____

ENDING BALANCE \$ _____

AUXILIARY HEAD SIGNATURE _____