

SOUTHEAST BUSINESS BOOSTERS ASSOCIATION
145 W. 108TH St. Los Angeles CA 90061-2001
FEIN: 95-4708790

Request For Funds

Request Date: _____ Date of Event/Expenditure: _____

Requested By (Full Name): _____

Address: _____

Phone #: _____ Fax #: _____ Email: _____

Group or Organization to be Funded: _____

Event or Project Name: _____

Description of Request: _____

PAYMENT TYPE: (check one)

_____ Direct Payment to Vendor (attach bill/invoice with address clearly shown)

_____ Reimbursement (attach all receipts) _____ Cash Advance (attach estimate)

Check payable to: _____

Amount of check: (\$ _____)

DELIVERY INSTRUCTION:

Requester's Signature: _____ Date: _____

Submit request to: Fax (310) 2 16-1199 or Email : acorlin@aol.com

For Information: Call Arnie Corlin (310) 308-4511

Funding Approval:	_____	Date: _____
	President Signature	
	_____	Date: _____
	Treasurer Signature	
Board Meeting Approval Date:	_____	

Please allow four weeks after submittal for disbursement.