

Vietnam Veterans Of America
Kentucky State Council
Request for Funds

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Chapter #: _____

Amount Being Requested? \$ _____

Reason for the request, who funds go to, what funds will be used for, etc?

Signature*: _____ Date: _____

*If signing this digitally your initials count as your signature.

Approved Finance Committee: Yes _____ No _____ Date: _____

Approved Membership: Yes _____ No _____ Date: _____

Approved By: _____ Treasurer, State Council

Approved By: _____ President, State Council

Date Funds Given: _____

Revised 12/6/2017