

Request for Memorial Distribution

Date of Request: _____

Who is Requesting? _____

Your Contact Info:

a. E-Mail Address: _____

b. Phone Number: _____

Amount Requested: \$ _____

Brief explanation of what is being requested (please attach any supporting documentation)

Bookkeeping Actions
Purchase Order #: _____
Check Payable to: _____
Check #: _____
Date: _____

Note: all funds will be debited from Account 42765, Undesignated memorials

Signature of
Memorial Committee
Member _____

Instructions:

- a) Requester fills out top part (up to "Bookkeeping Actions")
- b) Requester turns form into Memorials (box in old council room)
- c) Memorial committee approves/disapproves with signature
- d) Memorial committee submits to bookkeeping for action
 - >> Creates Purchase Order
 - >> Coordinates with Requester for purchases