

**GLPWDC
REQUEST FOR FUNDS**

_____ Reimbursement, Please include receipts

_____ Advanced Payment, Please send receipts within 30 days

PLEASE CHOOSE THE CATEGORY YOUR REIMBURSEMENT FALLS UNDER

Description	Amount
Advertising _____	
Fun Matches _____	
Mileage _____	
Phone _____	
Postage _____	
Printing _____	
Seminars/Workshops _____	
Water Trials _____	
Other _____	

Date _____ Total Amount _____

Requested By: Name _____

Address _____

Mail To: Stan Liebaert
Treasurer
2592 Baseview Drive
Pinckney, MI 48169
Cell: 734.604.9448

GLPWDC Ck # _____
Date Sent: _____

Email To: steamer43@yahoo.com