

**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: Susan Curfman  
Treasurer  
7204 Pine Cone Ln  
Sylvania, OH 43560

GLPWDC Ck #

Date Sent