

Boston Skyline Chorus

Edith Whitney Angel Fund Request Form

Category:

- Retreat expense _____
- Contest expense _____
- Costume expense _____
- Make-up expense _____
- Regional Weekend expense _____

Requested by: _____ **Date:** _____

Payable to: _____

Zelle reference (email address or cell phone #): _____

Address (if to be mailed): _____

Details (use additional pages if needed):

NOT TO EXCEED \$300.00 per member per Fiscal Year (May-April)

Attach receipts or copies of cancelled checks.

<u>Date</u>	<u>Description of Item/Expense</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submitted by: _____
(Signature)

TOTAL:

Approval for payment: _____
Team Leader Date

(Do not write below this line)

Paid by: _____ Date: _____ Check number: _____

Zelle Ref #: _____

COMMENTS: _____
