

Knights of Columbus
St. John the Apostle Council 13467
Virginia Beach, VA.

REQUEST FOR FUNDING

Date of Request: _____ Amount Requested: _____

Proposer / Chair: _____

Payable To: _____

Title of Event: _____

Motion: _____

Date: _____

Budgeted Item: **YES / NO** (*Circle One*)

Trustee's Recommendation: **(Trustees Full Signatures REQUIRED)**

1st Year YES / NO _____

2nd Year YES / NO _____

3rd Year YES / NO _____

Council Action / Date: **Approved / Disapproved** (*Circle One*) Date: _____

Grand Knight: _____ Date: _____

Check Number from Treasurer: _____

Financial Secretary: _____ Date: _____