

REQUEST FOR DISTRICT UPLIFT PROGRAM FUNDS

(please print clearly)

Amount requested: \$ \_\_\_\_\_ Date Due to District \_\_\_\_\_

Check made Payable to: \_\_\_\_\_

District: \_\_\_\_\_

Current Balance of Uplift Funds: \$ \_\_\_\_\_

District President (print name): \_\_\_\_\_

District President Signature: \_\_\_\_\_

Uplift Treasurer (print name): \_\_\_\_\_

Uplift Treasurer Signature: \_\_\_\_\_

Please explain reason for request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_  
Controller/CFO

Date: \_\_\_\_\_

**\*\*\* First fund distribution will coincide with the first approved Conference request \*\*\***