

Coalition Against Domestic Violence for the 24th Judicial District, Inc.

FINANCIAL REQUEST/REIMBURSEMENT FORM

Person submitting request:

Name _____
Agency _____
Phone number _____
Email address _____

Amount requested \$ _____

Check one: One-time payment _____
Recurring payment _____ Pmt to be made every _____

Date payment is needed (date of event or service) _____

Purpose of funds (check one)

- Emergency assistance from Victim Assistance Fund (\$200 maximum)
- Sponsorship of training or recognition events
- Scholarship for CADV member to attend conference or training *
- Memorial gifts or honorariums
- Donation to organization dedicated to preventing domestic violence
- Food or refreshments
- Other (please specify) _____

* Requests for scholarships are limited to 50% of the registration cost only.

Additional Detail: Describe in full (on reverse side) the need, type of event or training, organization, etc. Incomplete requests may be returned for additional detail. Be sure to include the benefit to CADV, espe for scholarship funding (will the attendee be giving a presentation to CADV, or providing training, etc.?) List any other funding sources that have been pursued and why funds were denied.

Signature of person requesting funds: _____

Print name and title: _____

Please attach all relevant receipts to the other side of this document.

FOR OFFICE USE ONLY:

Approved by: _____

Approval Date: _____

Date of check: _____

Check #: _____

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