

SAN BERNARDINO COUNTY PROFESSIONAL FIREFIGHTERS LOCAL 935 REQUEST FOR FUNDS

PLEASE RETURN THIS FORM TO: [treasurer@iafflocal935.org](mailto:treasurer@iafflocal935.org) OR PRINT AND RETURN IN PERSON

PLEASE INCLUDE IN THE SUBJECT LINE "REQUEST FOR FUNDS"

NAME OF MEMBER SUBMITTING REQUEST

DATE OF REQUEST

PURPOSE OF FUNDS (Please provide a brief description of what the funds will be used for)

PAYEE INFORMATION

NAME TO APPEAR ON CHECK

MAILING ADDRESS

AMOUNT REQUESTED

METHOD OF APPROVAL

VOTE AT MEETING

TEXT VOTE

OTHER (Please provide a brief description)

DATE APPROVED

