



# Knights of Columbus

KENTUCKY ASSOCIATION FOR PERSONS  
WITH INTELLECTUAL DISABILITIES, INC.  
P.O. Box 206067, LOUISVILLE, KY 40250-6067

## REQUEST FOR DISTRIBUTION - COUNCIL'S FUND ACCOUNT

COUNCIL NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

TO: ASSOCIATION PRESIDENT  
Our Council's Balance is\*\*\* \$ \_\_\_\_\_

Please authorize the following distribution from our Account:

(Date checks are required) \_\_\_\_\_

**A CERTIFICATION AND AGREEMENT FORM FOR EACH ORGANIZATION MUST  
ACCOMPANY THE REQUEST FOR DISTRIBUTION**

CATEGORIES: A: Recreation & Athletics B: Social & Behavioral C: Audio-Visual Equipment  
D: Arts & Crafts E: Educational Trips

<u>TO</u>	<u>AMOUNT</u>	<u>CATEGORY</u>
1. _____ _____ _____	\$ _____	_____
2. _____ _____ _____	\$ _____	_____
3. _____ _____ _____	\$ _____	_____

4. STATE CAMPING PROGRAM \$ \_\_\_\_\_  
TOTAL DISTRIBUTION REQUESTED \$ \_\_\_\_\_  
NEW BALANCE (Opening balance less distribution) \$ \_\_\_\_\_

Please Mail checks to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GRAND KNIGHT (Signature) \_\_\_\_\_

\*\*\* "CONSULT ASSOCIATION'S TREASURER IF COUNCIL'S BALANCE UNKNOWN"

COPY: Council Files

Mail Request To: Greg House, 851 Van Dyke Mill Road, Taylorsville, KY 40071