



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.	<u>STATE CAMPING PROGRAM</u>	\$ _____	
	TOTAL DISTRIBUTION REQUESTED	\$ _____	
	NEW BALANCE (Opening balance less distribution)	\$ _____	

Please Mail checks to: _____

GRAND KNIGHT NAME: (Signature) _____

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

COPY: Council Files

Mail Request To: James E. Fink, PSD, 3060 Nadina Drive, Louisville, KY 40220
Email addr: Bailiff1933@gmail.com



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	<u>TO</u>	<u>AMOUNT</u>	<u>CATEGORY</u>
1.	_____	\$ _____	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>

2.	_____	\$ _____	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>

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