



# 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: William Glenn, 3006 Allen Street, Owensboro, KY 42303