



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