

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

ease authorize the following distribution from our Acc ate checks are required) A CERTIFICATION AND AGREEME	ount: NT FORM FOR EACH ORGAL REQUEST FOR DISTRIBUTIO & Behavioral C: Audio-Visual os AMOUNT	Equipment <u>CATEGORY</u>
A CERTIFICATION AND AGREEME ACCOMPANY THE F TEGORIES: A: Recreation & Athletics B: Social D: Arts & Crafts E: Educational Tri	NT FORM FOR EACH ORGAL REQUEST FOR DISTRIBUTION & Behavioral C: Audio-Visual DIS AMOUNT \$	Equipment <u>CATEGORY</u>
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STATE CAMPING PROGRAM	\$	
TOTAL DISTRIBUTION REQUESTED	\$	
NEW BALANCE (Opening balance less distribu	ution) \$	
ease Mail checks to:		

COPY: Council Files

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

KY-KAPID-TR-DIST-REQUEST-fillable



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**COPY: Council Files** 

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