

AAUW of Oregon  
Special Projects Fund  
PO Box 66  
Enterprise, OR 97828  
(541) 426-4070

RE: Request for Distribution from Special Project Fund Account

\*SPF Project Title: \_\_\_\_\_

\* Date of Request: \_\_\_\_\_

\*Person Requesting Distribution: \_\_\_\_\_

\*Payable To: \_\_\_\_\_

\*Amount Requested (attach invoice or receipts): \_\_\_\_\_

\* Describe item or service covered by this amount: \_\_\_\_\_

\*Signature by Project Director: \_\_\_\_\_

Attach a copy of outstanding invoice, if applicable.

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\_\_\_\_\_ Beginning Balance

\_\_\_\_\_ Check number

\_\_\_\_\_ Ending Balance

\_\_\_\_\_ Date Check sent

Any Notes:

Susan Gilstrap  
Finance Officer  
Special Projects Fund