

**TRUSTEE of TRUST FUNDS
REQUEST for FUNDS**

Date of Request: _____

Requesting Organization: _____

Name & Position of Petitioner: _____

Amount of Request: \$ _____

Name of Trust to be Charged: _____

Detailed Description & Purpose of Request: _____

Authorizing Documentation: (e.g. signatures of the board OR

Copy of meeting minutes, votes taken, receipts, etc., please attach)

MAIL COMPLETED FORM TO TRUSTEES OF TRUST FUNDS, PO BOX 211, MONT VERNON