

Committee Chair Budget Request Form

Revised 02-05-2018

Washington State Elks Association
Budget Request Form

_____ Committee
_____ State Chairman

Specific Program Goals for Fiscal Year _____: Date: _____

- 1. _____
2. _____
3. _____

Will your Committee generate any funds? Yes ____ No ____ How Much? \$ _____

How will these funds be raised? _____

State Association Funds required to accomplish goals:

Committee Operations: (Postage, Phone, Copies, etc.) \$ _____

Awards: (Plaques, pins, etc. - Please specify.)

1. _____ \$ _____

2. _____ \$ _____

Grants - Please specify District or State \$ _____

Other requests - Please specify:

\$

\$

Do you plan for any Capital Expenditures? Yes ____ No ____

Specify: _____ \$ _____

TOTAL REQUESTED \$ _____

Signature of State Chairman: _____ Endorsement by Liaison Officer _____

Approval by President-Elect _____

(ATTACH ADDITIONAL INFORMAS NEEDED TO SUPPORT REQUESTS)

Appendix A