

**COAST GUARD SPOUSES' ASSOCIATION  
OF SOUTHEASTERN CONNECTICUT**

**FUND REQUEST FORM**

**Instructions:** Please complete the top half of the fund request form and submit to with receipt or invoice to the Treasurer for payment. Send to:

**Susan Swithenbank • CGSA Treasurer • (617) 750-1848  
USCGA – Chase Hall, Box A-25 • 15 Mohegan Avenue • New London, CT 06320**

Date: \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Send Check To (complete if check is to be mailed):

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Type of Fund Request (please check one):

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Reimbursement   | <input type="checkbox"/> Donation |
| <input type="checkbox"/> Invoice Payment | <input type="checkbox"/> Other    |

Please provide a brief description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Person Submitting Request*

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**TO BE COMPLETED BY THE TREASURER:**

**Non-Budgeted Expense Authorization:**

Less than \$50 – President may authorize

More than \$50 but less than \$250 – Executive Board Approval Required

More than \$250 and not in the budget – General Membership Vote Required

Authorization Description: \_\_\_\_\_

Fund Disbursement: \_\_\_\_\_

\_\_\_\_\_  
President / Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Check#