

Funds Disbursement Voucher

1) Applicant Information:

Town or City:	
Applicant's Name:	
Title/Position:	
E-mail Address:	
Phone Number:	

2) Dollar Amount of Grant:	\$
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3) Make Check Payable To:	
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4) Remit To:	Name:	
	Organization:	
	Street:	
	City, State, Zip:	

Please fill in the above form fields, save it locally to your computer, then email the PDF to A9CC. Do not print and scan as more fields need to be filled in.

A9CC: grants@a9cc.org

To be completed by A9CC and forwarded to Treasurer

Authorized by:	
Authorized amount:	\$
Date:	

To be completed by Treasurer and returned to sender and applicant

Check No:	
Amount:	\$
Date:	