



FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS, INC.

*An Organization for Individuals in the Legal Field
Who Are Pursuing Professional Excellence*

www.FALSS.org

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Treasurer 2009-2010
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REQUEST FOR FUNDS

From: _____ Date: _____

Officer/Committee: _____

Period Covered: _____

Budget Category: _____

Postage: _____ Supplies: _____ Phone: _____

Travel: Mileage: _____ Meals: _____

Lodging: _____ Miscellaneous: _____

Scrip Ticket: _____ Registration: _____

Total Dollar Amount Requested: \$ _____

Check One: Advance on Amount Budgeted (itemized accounting)
 Reimbursement of Expenses Incurred (attached receipts)
 Other (please explain)

Payee (if different from above): _____

NOTE: Paid receipts and/or itemized accounting should be attached to all requests. Requests must be submitted to the FALSS Treasurer **within 15 days after each meeting** (see Standing Rules).

FOR TREASURER'S USE ONLY

Date Paid: _____ Total Amount Budgeted: _____

Check No.: _____ Unused Budgeted Funds: _____

Date of Board Approval (if necessary): _____