



FALSS Board Certification Program

REQUEST FOR FUNDS

From: _____ Date: _____

Period Covered: _____

Postage _____ Supplies _____ Phone _____ Other _____

Total Dollar Amount Requested: \$ _____

Check One: _____ Reimbursement of expenses incurred (attach receipts)

_____ Other (please explain) _____

_____ (if different from above-named)

Reminder: Paid receipts and/or itemized accounting should be attached to all requests and submitted to the Certifying Board **at least ten (10) days prior to each regularly scheduled Certifying Board meeting.**

Please submit to: Patricia G. Pottle, CLA
Treasurer, FALSS Certifying Board
3827 Mc Farlane Drive
Tallahassee, FL 32303

Date Paid: _____ Check No.: _____