



# FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS, INC.

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

[www.FALSS.org](http://www.FALSS.org)

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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): \_\_\_\_\_

2011-2012