

*League of Women Voters of Florida Education Fund*  
Accrual Grant Request  
LWV of Florida PMP (25% of Yearly PMP Total)

**TO: *League of Women Voters of Florida Education Fund***  
540 Beverly Court  
Tallahassee, Florida 32301

FROM: League of Women Voters of \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Name of Person Submitting Request)

\_\_\_\_\_  
(Address, City and Zip Code)

\_\_\_\_\_  
(Area Code/Telephone Number)

Date of Local League Board Approval: \_\_\_\_\_

I, President, request accrual funds on deposit with LWVFEF to pay 25% of the LWVF annual PMP billing. Also, I verify that these accrual funds being used to pay this PMP are not from restricted accrual funds.

President: \_\_\_\_\_

(Please attach copy of the Florida LWV PMP Invoice)

Approval Date: \_\_\_\_\_