

LEAGUE OF WOMEN VOTERS FLORIDA EDUCATION FUND

ACCRUAL GRANT REQUEST
LWV of Florida (50% of Yearly LWVUS PMP)

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)

(Email Address)

Date of Local League Board Approval: _____

I, President, request accrual funds on deposit with LWVFEF to pay 50% of the annual LWVUS PMP billing, in the amount of \$_____. Also, I verify that the accrual funds being used to pay this PMP are not from restricted accrual funds.

(President's Signature)

(Date)

Enclose LWVUS PMP Invoice _____

(Invoice #)

(League #)

Approval Date: _____

By: _____
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