

SOUTHERN ORDER OF STORYTELLERS

CLUSTER GROUP FUNDING ADVANCE / REIMBURSEMENT REQUEST
~PLEASE PRINT~

CLUSTER GROUP NAME: _____

CLUSTER GROUP LEADER(s): _____

DATE FUNDS REQUESTED: _____ DATE NEEDED: _____

AMOUNT REQUESTED: _____

Provide a brief description of how the funds will be **OR** were used & attach receipt.

Submitted by: _____
(Name) (Title)

WHERE SHOULD THE CHECK BE SENT?

NAME: _____

ADDRESS: _____

FOR SOUTHERN ORDER OF STORYTELLERS USE:

HAS THIS CLUSTER GROUP RECEIVED FUNDS THIS FISCAL YEAR? _____

APPROVED BY: _____ DATE: _____
(Cluster Group Coordinator)

APPROVED BY: _____ DATE: _____
(SOS Treasurer)