

Proposal Request

Chairperson's Name: _____ Phone: _____

Alternate/Co-Chairperson Name: _____ Phone: _____

Proposal Date: _____ Prospective Date of Function: _____

Activity

Fundraising Event

Project

Activity/Event/Project Description: _____

Total \$ Requested: _____

Itemized Description of Services/Vendors

Estimated Amount

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

OFFICIAL USE ONLY: Proposal # _____ Approved Denied Date: _____

Sr. Regent _____

Governor _____

Jr. Regent _____

Jr. Governor _____

Sec/Treas _____

Treasurer _____

Chaplain _____

Trustee _____

Recorder _____

Trustee _____