

WOMEN OF THE MOOSE
155 SOUTH INTERNATIONAL DR
MOOSEHEART, IL 60539-1182
FAX #: 630-966-2211
EMAIL: wotmmail@mooseintl.org

CHAPTER NUMBER _____
CHAPTER NAME _____
STATE/PROVINCE _____

**WOMEN OF THE MOOSE
GENERAL PURPOSE DISPENSATION (MSC)**

Women of the Moose Service Chapter _____ No. _____,
desire dispensation for the following:

(Description should be thorough and complete – attach copy of Chapter minutes if necessary)

In accordance with the Women of the Moose General Laws, the members of said Chapter did authorize and approve the above proposal at a cost not to exceed \$_____ and authorized the necessary expenditures of Chapter funds for same at a meeting held on the _____ day of _____, 20_____.

This dispensation must be submitted to the Grand Chancellor and no agreement shall be entered into until authorization is received from the Grand Chancellor approving the above proposal.

President

Printed Name Phone #

Vice President

Secretary/Treasurer

Date

CHAPTER SEAL