WOMEN OF THE MOOSE
155 SOUTH INTERNATIONAL DR.
MOOSEHEART, IL 60539-1182

2011-2012

RETURN TO:
Financial Dispensations
Fax #: 630-966-2211

FINANCIAL DISPENSATION REQUEST

_____ Chapter No. _____ of _____
(Chapter Name) (State/Province)

requests dispensation in the amount of $ _____ payable to:_____.

The purpose of the dispensation is _____.

Date Chapter approved this dispensation: _____. **(Board of Officers' meeting and Chapter Approval meeting Official Minutes pages must be attached)**

Is a General Purpose Resolution Required? ☐ YES ☐ NO

Has a General Purpose Resolution been submitted to the General Governor's office? ☐ YES ☐ NO

Date Submitted? _____ Approved? ☐ YES ☐ NO If approved, please attach copy.

This dispensation is requested: (choose one)

☐ Monthly $_____ ☐ Quarterly $_____

☐ Annually $_____ ☐ One Time $_____

Money is being raised by what means?

☐ Chapter Savings ☐ CDs

☐ Raffle ☐ Dinner ☐ Picnic

☐ Other _____(explain)

Previous donations given to LOOM (Lodge) this Chapter year:

Date_____ Amount _____ Date _____ Amount _____
Date_____ Amount _____ Date _____ Amount _____
Date_____ Amount _____ Date _____ Amount _____
Date_____ Amount _____ Date _____ Amount _____

Financial History

Completed by the Chapter

Current Financial Standing Figures found on the Balance Sheet tab	
Checking	$
Savings	$
CD's	$
Six month history of Net Income **Figures found on the Profit & Loss tab** Starting with most current month and work backwards	
Month:	$
Month:	$
Month:	$
Month:	$
Month:	$
Month:	$

Signatures:

Senior Regent/SC President: _____ Daytime Phone # _____

Recorder/SC Sec./Treasurer: _____ Daytime Phone # _____

Junior Regent/SC Vice Pres.: _____

Chaplain: _____

Secretary/Treasurer: _____

Junior Graduate Regent: _____

Granted / Denied

By _____ Date _____

Chapter Seal

Retain form with original signatures in Chapter file.

(Revised 8/11 Effective 9/11)

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