

KDU Texas Dallas Chapter Fund Request/ Reimbursement Request form

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Date of request: 01/22/2024
Date check is needed: _01/22/2024.
Person requesting Check: -Daphne Clarke (Membership Chair) Amount (total) of check: \$50.00 (Please make sure receipts are attached in applicable)
Description: _ Payment for Member sick and admitted into hospital (Benevolent)
Make check payable to: OR Zelle to`-Eric Pratt: Address: 2120 Tiburon Carrollton Tx75006
KDU of Texas President / Approver Yvonne Deen
Check request approved by by KDU of Texas: Yes *
Account #:
Check date://
Check #:

KDU Texas Dallas Chapter Fund Requisition

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