**KDU Texas Dallas Chapter Fund Requisition**

**Date of Request:** *06/25/2024*

**Date check is needed:***06/25/2024*

**Person requesting Check:** *Daphne Clarke (Membership committee Chair)*

**Amount (total) of check:** *$50*

(Please make sure receipts are attached)

**Description:** *Member sick and admitted into hospital*

**Make check payable to/zelle to:** *Ms. Florence Coker- Campbell -214-629-1164*

**Give or mail check/zelle to:** *Florence Coker- Campbell 214-629-1164*

**President / Approver Name:** *Yvonne Deen* ***Yvonne Deen***

**Check request approved Yes**

**Account #:\_\_\_\_\_\_\_\_\_\_\_**

**Check date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_**