

**FUNDS REQUEST FORM**  
**AMERICAN CHORAL DIRECTORS ASSOCIATION**  
545 Couch Drive - Oklahoma City, OK 73102-2207

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REGION \_\_\_\_\_ ACDA POSITION \_\_\_\_\_

---

---

**REIMBURSEMENT**  
**or PAYMENT:**

PAYABLE TO: \_\_\_\_\_

ADDRESS \_\_\_\_\_

---

---

*Specify amounts:*

Telephone \_\_\_\_\_

Postage \_\_\_\_\_

Printing/Copying \_\_\_\_\_

Supplies \_\_\_\_\_

Other (*explain*) \_\_\_\_\_

---

**ADVANCE REQUEST:**

Amount requested \_\_\_\_\_

Reason for request \_\_\_\_\_

---

---

**PLEASE SUBMIT ALL RECEIPTS OR INVOICES**

TOTAL AMOUNT REQUESTED: \_\_\_\_\_

---

---

Date: \_\_\_\_\_

Signature: \_\_\_\_\_