



**United Way of Tompkins County
REQUISITION FORM**

Date: _____

Member Organization: _____

Mailing Address: _____

Phone: _____

2017/2018 FUNDING TOTAL July 1, 2017 through June 30, 2018 only (Do not include any designated funds)	\$ _____
Amount received to-date	\$ _____
Amount of this Requisition (Please note program distribution below)	\$ _____
Balance Remaining	\$ _____

Signed: _____
Treasurer/Chief Professional Officer

NOTE: Checks will only be issued upon receipt of a requisition form (properly completed and signed by the Treasurer and/or Chief Professional Officer) **and current financial statement.**

*Checks are written by United Way on the 15th and 30th of the month -requisitions need to be submitted at **least 5 working days before these dates.***

Program Funding Distribution				
Program Name	Program Award Amount	Requisition Request	Received to-date	Balance Remaining

Verified for United Way of Tompkins County _____

Disbursed by: _____