

Unit Account Withdrawal of Funds

Date _____

Pack Troop Team Crew Ship Post _____
(circle one) (unit number)

Requested Amount \$ _____

Check requested by _____

Check made payable to _____

Checks will be made payable to unit unless otherwise specified

Mail Check To: Call Me When Check Is Ready

Name (please print)

Street

City

State

Zip Code

Phone Number _____

Two signatures are required, one must be the Chartered Representative, Committee Chairman or Unit Leader (Cubmaster/Scoutmaster Varsity Coach/Crew Advisor/Skipper/Exploring Advisor) **and** one additional registered adult member of the unit.

Name _____

Name _____

Signature _____

Signature _____

Phone Number _____

Phone Number _____

Unit Position _____

Unit Position _____

This form must be received in our office before a check can be issued. As a general rule, a request received by noon on Wednesday will be processed and mailed by Friday. Requests may be faxed to the Accounting Dept. at 303-455-4689.