**Friends of the San Antonio Public Library**

REQUEST FOR FUNDS

NOTE: All requests for payments MUST be accompanied by receipts, invoices, etc. Tape receipt(s) to a sheet of paper and attach the sheet to this request, or scan receipts and email with form.

BRANCH OR SUPPORT GROUP: TODAY’S DATE:

PERSON MAKING THIS REQUEST: PHONE:



|  |  |  |  |
| --- | --- | --- | --- |
| Amount | Purchase Description/Vendor | Category (Check one) | **(PRINT)** Issue & Mail Check to: |
|  |  | Group operating expense  Staff appreciationPurchases for use by SAPL, to benefit the public or a library facility |  |
|  |  | Group operating expense Staff appreciationPurchases for SAPL |  |
|  |  | Group operating expense Staff appreciation Purchases for SAPL |  |

click button to clear information on form

 **lea**

Mail this form and supporting information to: **FOSAPL**, **P.O. BOX 461523 SAN ANTONIO, TX 78246-1523**

Or mail to: **Barbara Morrow, FOSAPL Treasurer 3534 Ironwood Fls San Antonio, TX 78261**

Or send form and scanned/copied attachments to: **f****osapltreas@gmail.com**

Form #ReqForFunds WORD 10-12-21