



Marine Corps League
 Lt Alexander Bonnyman Detachment 924
 PO Box 53293
 Knoxville, TN 37950-3293

Contribution / Supplemental Funds Request

Date: ____/____/____
 Day Month Year

Detachment Member Requesting Contribution _____

Address: _____ City _____ State ____ ZIP _____

Phone Number _____ Alternate Phone _____

Amount of Contribution or Additional Expenditure Request \$ _____

This Contribution / Supplemental Funds Request are for the following purpose:

Submit request to the Budget and Finance Committee Chairperson.

Budget and Finance Committee Approval Required:

(Requires two or more "YES" Votes, if approved then presented to the Detachment Board of Trustees)

	Signature(s)	Approval	
Chairman – Jr. Vice Cmdt	_____	YES / NO	Date: _____
Member – Paymaster	_____	YES/ NO	Date: _____
Member –	_____	YES / NO	Date: _____

Revised: Jan 2020