

# HOUSE DISCRETIONARY FUND WITHDRAWAL REQUEST

House Name \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_

\$ Amount Requested \_\_\_\_\_

Reason for Request \_\_\_\_\_

Date Needed \_\_\_\_\_

Approved at house meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of House meeting \_\_\_\_\_

# in favor \_\_\_\_\_ # Against \_\_\_\_\_ # Abstaining \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Withdrawal

\_\_\_\_\_  
Position in the House

\_\_\_\_\_  
Witness Signature