

REQUEST FOR ED FUND WITHDRAWAL

DATE

Please submit this form to the LWVALEF treasurer
Virginia Bennett
1028 E. University Dr., Auburn, AL 36830

Attach a copy of your approved ED FUND PROJECT APPLICATION form.

Person to whom funds should be mailed:

Name:

Phone:

Address:

Please list costs of the project. (Attach bills if applicable.) Is the total cost to be reimbursed? If not, how much? When was the project completed?

Signature _____

Signature _____