

Funding Request for Conference Activity

Each Conference may request a maximum of \$150.00 during a calendar year.

Conference:		
Purpose:		
Amount Requested: \$		
Make check payable to:		
Send check to: Name		
Address		
City	State	Zip Code
Signature (person filling out t	his form)	
Your Conference or women's	church unit positi	on
	nce/meeting Activ	vent the Spending Record from vity form must be completed and
Send your request to Synodic Sandy Seffrood 8329 County Road D South Wayne WI 53587		^^^^^^
To be completed by Synodica Date Voucher Paid: Check number:		Updated 3/15/2022