



WSA
Fraternal Life

**Finance Committee Request
for Use of LAFP Funds**

Note: Requests for funds must be submitted to the Home Office
at least 10 days prior to delivery of the check.

Date: _____ Lodge: _____

Payable to: _____

Amount: \$ _____

Explain request: _____

Requested by: _____ Daytime phone: _____

**Mail to: WSA Fraternal Life
P.O. Box 351920
Westminster, CO 80035-1920**

or FAX to: 303-459-5154

Home Office Use

Approved by: _____ Date: _____

Processed by: _____ Date: _____

Check #: _____ Amount: \$ _____ G/L Code: _____