



LMGA FUNDS REQUEST VOUCHER

Requested by: _____ Date _____

Project Name _____

Purpose _____

Approved by: _____

Project Manager/President

This is a: Funds Advance \$----- _____ Reimbursement \$ _____

(Receipt Attached)

Paid Check # _____

Treasurer

Board approval required for sums in excess of \$500.00.

Send to:

Susan Harden

121 Sunset Blvd.

Beaufort SC 29907