DISTRICT 1 GSR AREA ASSEMBY FUNDING REQUEST

Name:_____

Group:_____

EXPENSES

Lodging:_____

Food:_____

Gas:_____

Registration:_____

Total:_____

Group Funding:_____

Requested Funding:_____

Please identify how you would like to be reimbursed: ___Check or __Zelle

If Zelle is selected, please give Zelle details:_____