

**A.C.S.S.D. EDUCATIONAL FOUNDATION  
PARTNERS OF THE DISABLED  
REQUEST FOR WITHDRAWAL**

**Section 1: TO BE COMPLETED BY PERSON (SPONSOR) REQUESTING WITHDRAWAL**

Project \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Event Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Designated Source (name of group, organization, fund raiser, or person donating funds):  
\_\_\_\_\_

Check Payable to: \_\_\_\_\_ Amount required \$ \_\_\_\_\_

Sponsor Name (print) \_\_\_\_\_

Sponsor's signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_  
\_\_\_\_\_

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**Section 2: TO BE COMPLETED BY BOARD OFFICE ONLY**

Check # \_\_\_\_\_ Date \_\_\_\_\_

Purchase Order # (if used) \_\_\_\_\_

Voucher signed \_\_\_\_yes \_\_\_\_no

Invoice or receipts attached \_\_\_\_yes \_\_\_\_no

Source balance available \_\_\_\_\_