

Withdrawal Request Form



Local Program or Area Name _____

Your Name _____ Date _____

Your Contact Info: Phone _____ Email _____

Check Amount \$ _____

(prior approval needed for purchases over \$1,000)

Check Payable to _____

Address _____

Due Date _____ (please allow 10 days minimum)

Have you attached an invoice or receipt for this purchase?

Yes

No

Please tell us what these funds will be used for:

Remember

- Please expect at least three weeks for payment to be processed.
- All Withdrawal Request Forms should be mailed (650 Elm Street, Manchester, NH 03101), emailed (SpecialOlympics@sonh.org) or faxed (603-624-4911) to our office for processing with receipt or invoice.