

Withdrawal Form

Special Olympics
New Hampshire



- Local Program or
- Unified Champion School

Name of Local Program or Unified Champion School: _____

Your name: _____ Date: _____

Email: _____ Phone: _____

Check amount \$ _____

Prior approval needed for purchases over \$1,000 and for any purchase which results in a negative Net Funds balance.

Check payable to _____

Address _____

Due date _____

Please allow at least 15 business days minimum for payment to be processed.

Have you attached an invoice or receipt for this purchase? An invoice or receipt is required for all purchases, except a \$100 cash advance that may be requested once annually.

- Yes
- No

Please tell us what these funds will be used for:

Please email completed form with receipt or invoice to SONH@driveninsights.com or mail to Special Olympics New Hampshire at PO Box 3598, Concord, NH 03302 for processing.