

Approved by

Requisition for District Funds

District Number:		_ Date:
To: Toastmasters International		
Note: If District financial or other Distri	ct requirements are not current, no funds will l	pe sent.
In accordance with the budget, kindly	withdraw \$ from the Reserve	Account of this District.
 Balance on District Reserve Statement at the End of the Month of		\$
2. Less: Funds Requisitions submitted since District Reserve Statement in Line #1		\$
3. Less: District orders placed since the District Reserve Statement in Line #1		\$
4. Funds available (Line #1 minus Line #2 minus Line #3)		\$
5. Amount of Funds Requested on this Requisition		\$
6. Less: 25% retention required at year end		\$
7. Funds available after this Requisition (Line #4 minus Line #5 minus Line #6)		\$
 ☐ Send check ☐ Send wire Bank Name: Address: City, State, Country: Account Name: 	serve Account for the next administration.	
	ust provide ABA number:	
For wire transfers outside the U.S., pro-		
	nat the wire information is accurate. Incomplete, inaccurate, or missing	information will delay your funds request
DO NOT WRITE IN THIS BOX	Required Signatures:	
Acct. #	– District Director	District Finance Manager
 Check #	-	
	Address Line 1	Address Line 1
Date Paid	Address Line 2	Address Line 2
Ву	- Address Life 2 The completed form may be scanned and emailed to	

The completed form may be scanned and emailed to **requisitionforfunds@toastmasters.org**, Attn: District Finance or mailed to: Toastmasters International, 9127 S Jamaica St. Suite 400, Englewood, CO 80112

CEO, COO, or controller of Toastmasters International

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