

ABATE OF OHIO, INC.

EARMARKED FUND

Region _____

Name of Fund _____ Goal Amount _____

Purpose of Fund: (choose one)

Purchase or Improvement of an Item:

Item Description _____

Multiple Quotes? Y ___ N ___

Event Expense:

Event Name _____

Event Date _____ Sanction Date _____

Expense Description _____

Charity:

Charity Name _____

501 (c) (3)? Y ___ N ___

Federal Tax ID Number ___ - _____

Region Treasurer _____ Request Date _____

Approved? Y ___ N ___

Stipulations _____

State Treasurer _____ Approval Date _____

DATE	DESCRIPTION	On Region Report	ADDI-TION	DELE-TION	BALANCE
	Beginning Balance				

Remarks _____