

ACTRA MONEY REQUEST FORM

Print page and **mail to:** Roy Drinnan, PO Box 14, Collingwood Corner, NS B0M 1E0

Or scan and email to: Members@atlanticriders.ca

Person requesting the funds: _____

Reason for funds (Please be specific):

Amount of funds requested: _\$ _____

Authorization: _____

Receipts:

- Forthcoming (date, carrier etc): _____
- Attached

How do you want the funds received? _____

Note: Please, only one request per sheet.