

**Apostolate Disbursement of Funds  
BROTHERS AND SISTERS OF ST FRANCIS**

Date: \_\_\_\_\_

Position: \_\_\_\_\_

RECIPENT NAME	AMOUNT
<b>Charity or Organization:</b>	
<b>Address:</b>	
<b>City/ State/ Zip Code:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>DESCRIPTION OF THE USE OF FUNDS AND AMOUNTS (maximum \$300)</b>	
	\$
	\$
<b>TOTAL AMOUNT OF DISTRIBUTION</b>	\$
	\$

**SIGNATURE:** \_\_\_\_\_

**MINISTER'S NAME** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE.** \_\_\_\_\_

**SIG. REGIONAL TREASURER:** \_\_\_\_\_

**TREASURER'S REGIONAL STAMP:**

**FOR TREASURER'S USE ONLY**

**CHECK#:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_