



SOCIETY OF ST. VINCENT DE PAUL
Council of Los Angeles

Conference Financial Request Form

(Please send to your District President first for approval)

Date Submitted: to District President _____ to LA Council _____

Name of Conference: _____

Address: _____

City

Zip Code

Please provide a brief explanation of Conference needs and use for funds. Indicate whether the Conference can fundraise or plans to do so in the future.

Conference current bank account balance: _____

Total Amount being Requested: _____

District President Approval: _____ Date: _____

District Coordinator Signature: _____ Date: _____

Vincentian Services Director: _____ Date: _____