

2009 OPERATION LAMB DISBURSEMENT REQUEST

Council No _____ Council Name: _____

The 2009 OPERATION LAMB FINAL INCOME REPORT

Net Income: \$ _____

85% available for local distribution \$ _____

Please direct the LAMB Treasurer to prepare: _____ checks totaling \$ _____

Send checks to:

PLEASE PRINT

(name) _____

(address) _____

(city, state, zip) _____

(phone #) _____ (email address) _____

Signed _____ Date _____

Grand Knight

This request must be received no later than 1 February 2010.

PLEASE send this completed report and the final 2009 LAMB INCOME REPORT to:

Richard White, Director
LAMB Foundation of NC, Inc.
5908 Marsailles Ct.
Charlotte, NC 28277

Voucher No. _____

State Officer's Approvals

LAMB Director: _____

Date: _____

LAMB President: _____

Date: _____

LAMB Treasurer: _____

Date: _____

OPLAMB-3 DISBURSEMENT WORKSHEET Council # _____

Please Print

Voucher No. _____

#	Payee	Purpose of Contribution	Amount	Check #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

I hereby attest that all payees listed are either suppliers, or charitable organizations working to help the people of NC with Intellectual Disabilities

Signed _____ Date ____/____/____

Grand Knight

**Note: No checks can be made to the Knights of Columbus or to any individual.
Use additional pages for payees as necessary.**