

LAMB Foundation of NC, Inc.

6420-A1 Rea Rd, Suite 312 Charlotte, NC 28277 877.368.LAMB SLD@lambnc.org

OPERATION LAMB DISBURSEMENT REQUEST Year

Report:FINALINTERIM (select one)Council No.Council NameNet Income:Net Income:(minus) Endowment Donation of:(equals) Adjusted Net of:85% available for local distribution (0.85 x Adjusted Net) of:(minus) Funds Previously Disbursed =(equals) Amount Currently Available for Disbursement:

Please direct the LAMB Treasurer to prepare:		checks totaling
Send checks to		
Name	(address)	
(city,state,zip)		
(phone #)	Email address:	
Signed Grand Knight:		Date:

Please email/send the final request to the State LAMB Director, preferably by January 15th of the following year but no later than April 1. After that date if no distribution is requested funds will revert to the state for disbursement.

State Director LAMB Foundaton of NC, Inc.	
6420-A1 Rea Rd, Suite 312	
Charlotte, NC 28277	
or FAX to: 980,207.2222 or Email to: SLD@lambnc.org	Voucher No
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State Officers 5 Mp	provens
LAMB Director: _	Date
LAMB President: _	Date
LAMB Treasurer:	Date

State Officers's Approvals

DISBURSEMENT WORKSHEET

Voucher No _____

Payee (see below)

Purpose of Contribution Amount Check #

Bill Scott LAMB Foundation Endowment*

Note: If requesting a donation to an Exceptional Children's Class at school, the name of the teacher of the particular class will also be needed . I hereby attest all payees listed are either suppliers, or charitable organizations working to help people of NC with Intellectual Disabilities.

Signed Grand Knight

Date

* Councils if they wish may donate a portion of their non-street collections only to the LAMB Edowment. No Checks can be made payable to the Knights of Columbus or any individual