

**BURKE CENTRE CONSERVANCY**  
**6060 Burke Centre Parkway**  
**Burke, VA 220145**

**CLUSTER REQUEST FOR FUNDS**  
**(2 signatures required)**

DATE: \_\_\_\_\_ CLUSTER NAME: \_\_\_\_\_

CLUSTER CONTACT/CHAIR NAME: \_\_\_\_\_

CLUSTER CONTACT PHONE NO(s): \_\_\_\_\_

MAIL CHECK TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF CHECK: \_\_\_\_\_

CODE OF ACCOUNT #: \_\_\_\_\_

PURPOSE OF WITHDRAWAL: \_\_\_\_\_  
\_\_\_\_\_

Please attach receipts to this form.

\_\_\_\_\_  
Approved by Cluster Chair/Caretaker/Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Cluster Member/Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Burke Centre Finance Department

\_\_\_\_\_  
Date