

**UNF-UFF
REQUEST FOR FUNDS**

DATE OF REQUEST _____

AMOUNT \$ _____ DATE CHECK IS NEEDED _____

DATE OF EXPENSE _____

PURPOSE OF REQUEST

NOTICE: Executive council re-authorization is required if the request for funds exceeds the council-approved amount by the greater of 10% OR \$200.00 (two-hundred and 00/100).

REIMBURSEMENT	DIRECT PAY
PRINT PAYEE (YOUR) NAME	PRINT PAYEE (COMPANY) NAME
PAYEE SIGNATURE	PRINT PAYEE (COMPANY) MAILING ADDRESS

The authorizer cannot authorize his or her own reimbursement. The authorizer must be the President, Vice-President, Secretary, or Standing Committee Chair. **Requests over \$200 require a second signature (President, Vice-President, or Secretary).**

PRINT AUTHORIZER

AUTHORIZER SIGNATURE

PRINT AUTHORIZER #2

AUTHORIZER #2 SIGNATURE

To be completed by authorizer:

PART OF THE CURRENT YEAR BUDGET (CURRENT YEAR BUDGET ENDS April 30th) YES NO

IF KNOWN, LIST THE CATEGORY _____

To be completed by treasurer:

APPROVED AMOUNT \$ _____

CHECK NO. _____ DATE OF CHECK _____

Disbursements over \$200 require a second **check signature** (Pres., VP, or Secretary)