

REQUEST FORM FOR COUNCIL FINANCIAL SUPPORT TO SERVICE UNIT

NOTE: Approval is based on appropriateness of request and availability of funds. Request for support is **due in August to the Field Director** with proposed budget. **Prepare two copies**, retain one for your files.

Service Unit # _____

Service Unit Manager _____ Phone _____

Address _____ City _____ ZIP _____

Line 1. CASH ON HAND \$ _____

Line 2. AMOUNT OF FUNDS REQUESTED \$ _____

8100 Office Supplies \$ _____

8200 Telephone \$ _____

8300 Postage \$ _____

8600 Printing/Publications \$ _____

9400 Miscellaneous \$ _____

*Itemize, do not include child care,
food, recognition items.*

Itemize _____

Line 3. TOTAL IN-KIND ESTIMATE \$ _____

Line 4. TOTAL CASH AND IN-KIND
REQUIRED/REQUESTED
TOTAL LINES 1, 2, and 3 \$ _____

Funds are approved and distributed based on available council income in October.

Checks to be made to: Service Unit Manager _____ c/o Service Unit _____

Date _____ Signature _____

(Service Unit Manager)

I have reviewed the proposed budget and support a request of \$ _____.

Date _____ Signature _____

(Field Director)