

FUNDING REQUEST FORM

DATE: _____

Local Union/Affiliate Requesting Funding: _____

Amount Requested: _____

Purpose of Proposed Funding: _____

Expected Benefit from Funding: _____

Date Funding is Required: _____

If Request is Funded, Name of Payee: _____

Address for Delivery of Funds:

Name and Official Title of Individual Requesting Funding:

Name

Title