



UNIT FUND REQUEST FORM

- Funds must be used for the collective benefit of all unit members for off-duty recreational purpose.
- This request is not for a specific group of individuals.
- This request for unit funding support is IAW, the Standard Operating Procedure for Unit Funds.
- This request for Unit Funds will **not** be used to purchase alcoholic beverages and/or equipment.
- I must provide the original receipts to the DFMWR Unit Fund Coordinator within 5 days of the event before receiving funding support for future events.
- I must receive approval before obligating funds. If not, I understand that I am subject to ratification.

1. NAME OF UNIT: _____

2. NAME/ DATE OF EVENT: _____

3. POC: NAME/ PHONE NUMBER/ E-MAIL ADDRESS:

4. NUMBER OF PARTICIPANTS: _____

5. DESCRIPTION OF EVENT: _____

6. ITEMS TO BE REIMBURSED: _____

7. ESTIMATED AMOUNT
REQUESTED _____

REQUESTED BY: _____ APPROVED BY: _____
UNIT FUND CUSTODIAN FMB CHIEF

DATE OF REIMBURSEMENT: _____

AMOUNT OF REIMBURSEMENT: _____

ISSUED BY: _____ RECEIVED BY: _____
UNIT FUND COODINATOR UNIT FUND CUSTODIAN

Request #