

# UNF-UFF REQUEST FOR FUNDS

DATE OF REQUEST \_\_\_\_\_

AMOUNT \$\_\_\_\_\_.\_\_\_\_ DATE CHECK IS NEEDED \_\_\_\_\_

DATE OF EXPENSE \_\_\_\_\_

PURPOSE OF REQUEST

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PRINT PAYEE NAME

\_\_\_\_\_  
SIGNATURE OF PAYEE

\_\_\_\_\_  
PRINT AUTHORIZING PERSON  
(AUTHORIZER CANNOT AUTHORIZE  
ONE'S OWN REQUEST)

\_\_\_\_\_  
SIGNATURE

**TO BE COMPLETED BY AUTHORIZER:**

PART OF THE CURRENT YEAR BUDGET YES NO  
(CURRENT YEAR BUDGET ENDS April 31<sup>st</sup>)

IF SO, LIST THE CATEGORY (If known) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF UFF PRESIDENT or VICE PRESIDENT  
(Either the President or Vice President required on all requests exceeding \$100)

To be filled in by Treasurer

APPROVED AMOUNT \$\_\_\_\_\_.\_\_\_\_

CHECK NO. \_\_\_\_\_ DATE OF CHECK \_\_\_\_\_