

Universal Funding Request



Youth Information:

Legal Name (First, Last):			
Tulalip Tribal Member Enrollment #:		Age:	
School:	Creder		
Parent/Guardian Information:			
Legal Name (First, Last):			
Signature:			
Phone Number:		Please Select One:	
Mailing Address:		Mail	
		Pick Up	
Funding Request: *new vendors will need	I to provide Youth Services with a W-9)	
Shoe Voucher: (K–5th Grade is \$60 and 6th–12th Gr			
Nike Fred Meyer Foot L	ocker		
Reimbursement made out to:			
*must have the original receipts and will not be reimbursed over the amount.			
Activity: \$500 per year will cover the cost of the follow	wing: music lessons, camps, classes,	sport fees, equipment/gear.	
(Option 1) Vendor:			
Amount Requesting: \$	*Approved documentations: roster,	registration, invoices	
Option 2) Reimbursement made out to:	-		
In the amount of: \$			
Office Use Only: Date Received:	Sta	ff Initials:	
Coordinator Signature:		Approved	
Executive Signature:		Approved	
Requisition:	Starting Balance:		
Date:	Requested Amount:	09/2020 	
Initials:	Present Balance:	35768	