



Universal Funding Request



Youth Information:

Legal Name (First, Last): _____
 Tulalip Tribal Member Enrollment #: _____ Age: _____
 School: _____ Grade: _____

Parent/Guardian Information:

Legal Name (First, Last): _____
 Signature: _____
 Phone Number: _____
 Mailing Address: _____

Please Select One:
 Mail
 Pick Up

Funding Request:

*new vendors will need to provide Youth Services with a W-9

Shoe Voucher: (\$90 per trimester) *Please select one of the vendors below:

- Nike Fred Meyer
 Reimbursement made out to: _____

*must have the original receipts and will not be reimbursed over the amount.

Activity: (\$1000 per year will cover the cost of the following: music lessons, camps, sports 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:	Staff Initials:
Coordinator Signature: _____		<input type="checkbox"/> Approved
Executive Signature: _____		<input type="checkbox"/> Approved
Requisition: _____	Starting Balance: _____	
Date: _____	Requested Amount: _____	
Initials: _____	Present Balance: _____	