

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:	
	Pick Up
Funding Request: *new vendors will need	to provide Youth Services with a W-9
	00 shoe purchase order) *Please select one of the vendors below:
Nike Fred Meyer Cabela	a's
Reimbursement made out to:	
*must have the original receipts and will not b	be reimbursed over the amount.
Activity: \$4,000 per year will cover the cost of the follo	owing: music lessons, camps, classes, sport fees, equipment/gear.
(Option 1) Vendor:	
Amount Requesting: \$	
(Option 2) Reimbursement made out to:	—
Office Use Only: Date Received:	Staff Initials:
Coordinator Signature:	
Executive Signature:	
Requisition:	Starting Balance:
Date:	Requested Amount:
Initials:	Starting Balance: Image: Control of the second