

**12-C/E COORDINATING COUNCIL**  
**ZONE TRAINING FUNDS REQUEST**

Name of Unit: \_\_\_\_\_

President: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_  
 (\$150 maximum per person)

**PLEASE LIST DOLLAR AMOUNTS FOR EACH INDIVIDUAL BELOW:**

<b>MEMBER NAME</b>	<b>REGISTRATION</b>	<b>LODGING</b>	<b>MEALS</b>	<b>MILEAGE</b>	<b>TOTAL</b>

**TOTAL DOLLAR AMOUNT  
 REQUESTED FOR UNIT**

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**PLEASE ATTACH ALL RECEIPTS TO THIS SUBMITTAL**

\_\_\_\_\_  
 President Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Uniserv Director Signature

\_\_\_\_\_  
 Date