

CHAPTER FUNDS REQUEST

Authorized By:

Chapter: _____ Date: _____

Submitted By:

Name: _____

Phone: _____ Address: _____

Email: _____ City _____

State: _____ Zip: _____

Payable To:

Name: _____

Phone: _____ Address: _____

Email: _____ City _____

State: _____ Zip: _____

Mail Check To: _____

Available Chapter Funds: \$ _____

Expense Detail:

Description	Amount
	\$
	\$
	\$
	\$
Total	\$

Purpose of Funds: *(Please describe in detail)*

Mail:

SEIU Local 888
Accounts Payable
25 Braintree Hill Office Park, Suite 306
Braintree, MA 02184

Email: myunion@seiu888.org

Fax: (617) 241-3303

I certify under the pains and penalties of perjury that the Chapter Funds will be used as specified.

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

