

**P.R. PROGRAM ASSISTANCE FUND
REQUEST FOR APPROVAL**

Reminder: Requests for funding activities must support the Bargaining/Legislative Campaign. If you have any questions, please contact the UniServ office.

Local: _____

Name of Person Requesting: _____

Position in Local: _____

Activity Description (attach additional pages if necessary):

Activity Objective(s):

Activity Audience(s):

Activity Cost: _____

(For reimbursement, receipts showing actual expenditures must be provided)

Note: Locals are encouraged to submit this form for prior approval. If the form is submitted after expenditure has been made, reimbursement is not guaranteed.

Amount of Activity Cost Approved: _____

Date: _____

Signature: _____

For WinnebagoLand Use Only