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## Funding Request Form

Please Note: You can either mail, email, or fax this form

Date: \_\_\_\_\_

Local Union / Affiliate Requesting Funding: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Purpose of Proposed Funding: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the expected benefit of this funding: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Funding is Required: \_\_\_\_\_

If Request is Funded, Name of Payee: \_\_\_\_\_

Address for Delivery of Funds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Official Title of Individual Requesting Funding:

\_\_\_\_\_

(Name)

(Official Title)