

Unite Request for Squadron Funds

Date of Function: ____/____/____

Organization: _____

Project Officer: _____

Contact Phone Number: _____

Event or Purpose of Funds: _____

Unit Personnel Assigned/Attached: _____

Total Amount Requested: \$ _____

I certify that the proposed expenditures are in compliance with those approved in the UTS Guide.

(Squadron Commander or Unite POC Signature)

374 FSS Community Cohesion Coordinator (C3) OFFICIAL USE ONLY

Unit Personnel Assigned/Attached: _____

Total UTS Funds Authorized: \$ _____

UTS Funds Request Amount Approved: \$ _____

Approved Method of Reimbursement: (Circle applicable method) FSS TBCC P-Card Check

Approved/Disapproved

(C3 Signature)