

SHAW CHAPLAIN SERVICE FUNDS REQUEST

SIGNATURE OF REQUESTOR			RESPONSIBILITY STATEMENT: I understand by signing my name to this request that I hold myself liable to the United States Government and the Shaw Chaplain Service Fund. I also understand that if I mis-use or abuse these funds, that I and/or my sponsor can be held liable for the full reimbursement of the issued funds and subject to PROSECUTION under the UCMJ .			
DATE REQUEST SUBMITTED						
DATE FUNDS NEEDED						
CLASS NAME			REQUESTER NAME: (please print)		COMPANY'S OR NAME OF PROJECT OFFICER:	
ACCOUNT NUMBER			ADDRESS		ADDRESS (REQUIRED)	
PROT	CATH	GENERAL				
DATE GIVEN TO ACCOUNTING TECH			VOICE NUMBER (HOME AND WORK)		VOICE NUMBER	
(Circle One) IMPAC CHECK			FAX NUMBER		FAX NUMBER	
IMPAC NAME/ACCOUNT:			EMAIL/WEB ADDRESS		EMAIL/WEB ADDRESS	
DESCRIPTION OF ITEMS (QUANTITY, UNIT OF ISSUE, UNIT PRICE, AND TOTAL COST)						
ITEM DESCRIPTION(Be specific, included stock numbers etc.)			QUANTITY	UNIT OF ISSUE	UNIT PRICE	TOTAL
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
EVENT INFORMATION			SUB-TOTAL			\$ -
ACTIVITY:						
DATE (Begin & End):						
WHERE:						
PARTICIPANTS:						
			SHIPPING			
ACCOUNT MANAGER APPROVAL			TOTAL AMOUNT			\$ -
			DATE PAID			
AMOUNT PAID:						
CHECK NO.:						
ACCT. TECH. INITIALS:						