

LABORERS' NORTHWEST COOPERATION FUND

Northwest
LE CET



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Funding Request Form

Please Note: You can either mail 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)