

## REQUEST FOR FUNDING

## PLEASE CHECK APPROPRIATE BOXES

TYPE OF REQUEST: PROPOSAL	☐ PURCHASE		REIMBURSEMEN	Г
PLEASE NOTE: PROPOSAL, INVOI	CE OR RECEIPT MUST BE	ATTACHED BEFOR	RE A CHECK CAN BE IS	SUED
Please forward completed form kahmanson@laprf.org	to the Office of the Pres	sident of the Los	Angeles Police Reser	ve Foundation: E-mail:
REQUESTING PERSON (LAST,	FIRST, MIDDLE, RANK)		SERIAL#	
DIVISION	ASSIGNMENT		DATE	
PHONE #	FAX#		EMAIL	
PURPOSE:				
TRAINING EXPENSE HA	RDSHIP ASSISTANCE	EQUIPMENT	RECRUITMENT	MORALE
DESCRIPTION:				
AMOUNT REQUESTED		DATED NEEDE	-n	
		DATED NEEDS	ASAP or	
MAKE CHECK PAYABLE TO:				
MAILING ADDRESS:				
RESERVE COORDINATOR REVIEW	i .		DATE	
COMMANDING OFFICER REVIEW			DATE	
CONTROL NUMBER		APPROVAL		
#		□ A	PPROVED	DISAPPROVED
BOARD OR PRESIDENT SIGNATUR			DATE	
Karla Ahmanson				