



NARFE
FLORIDA FEDERATION OF CHAPTERS
CHAPTER ASSISTANCE PROGRAM FORM

INSURE YOU READ AND UNDERSTAND PROGRAM
BEFORE COMPLETING FORM

Date

Chapter Number

Chapter Name TYPE or PRINT

Name - Person requesting funds TYPE or PRINT

Title

Phone Number

\$
Amount Requested

Attach all receipts or mail
to Chairman at soon as
project is completed

Check made payable to and mail to (TYPE or PRINT)

Brief Outline of Project, also Date, Time & Place (TYPE or PRINT)

Brief Outline of Project, also Date, Time & Place (TYPE or PRINT)

X

Chapter President Must Sign Date

Mail This Form To:
NARFE Florida Federation of Chapters
Chapter Assistance Program
David L. Whalen, Chairman
1525 Blease Loop
The Villages, FL. 32162-6429
352-391-1937
Wordmast@comcast.net

Program Chairman Comments

Program Chairman Comments

Recommend ____ YES ____ NO

Program Chairman must sign Date

Program Chairman must sign Date

Approved ____ Not Approved ____

Federation President must sign Date

President's Comments

ACCOUNTING: Check # _____

Date Issued: ____/____/____