

UNITE EVENT REQUEST



REQUESTING UNIT:

UNITE POC: EMAIL:

EVENT INFORMATION

DATE OF EVENT:

EVENT LOCATION:

PROJECTED START TIME: END TIME:

PLANNED NUMBER OF PARTICIPANTS:

PROJECTED FEES TO BE PAID BY PARTICIPANTS:

DETAILED EVENT DESCRIPTION:

APF (ACTIVITY) FUNDING BREAKDOWN (\$13.50/PP):

YOU MUST BREAK DOWN EVERY EXPENSE - DO NOT LUMP ACTIVITIES/EXPENSES TOGETHER

NAF (FOOD/BEVERAGE) FUNDING BREAKDOWN (\$5.00/PP):

YOU MUST BREAK DOWN EVERY EXPENSE - DO NOT LUMP EXPENSES TOGETHER

COMMUNITY COHESION COORDINATOR (C3) SIGNATURE:

COMMANDER SIGNATURE:





UNITE VENDOR TRACKER

REQUESTING UNIT:

DATE OF EVENT:

VENDOR/BUSINESS NAME	NAME OF PERSON YOU COORDINATED WITH	PHONE #	ADDRESS/WEB LINK	WHAT/HOW MANY IS BEING PURCHASED /RENTED	DOWNPAYMENT	TOTAL PAID	PAYMENT DUE DATE	C3 INTERNAL ONLY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

