MAPE

MINNESOTA ASSOCIATION OF PROFESSIONAL EMPLOYEES

# MAPE Committee Request for Additional Funds - 2021

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|---|---|
| **Name of Committee:** | |
| **From Monthly Financial Statement** | |
| **Annual Budget Amount:** | |
| **Current YTD Expenses:** | |
| **Remaining Budget:** | |
| **Amount Requested:** | |
| **Explanation of current expenditures and reason for budget shortage:** | |
| **Explanation of use for requested funds:** | |

**Committee Chair Signature:**_____ **Date:**_____

**January 2021**