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**MAPE Committee Request for Additional Funds - 2024**

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Chair Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**January 2024**