



MINNESOTA ASSOCIATION
OF PROFESSIONAL EMPLOYEES

MAPE Committee Request for Additional Funds - 2024

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: _____