Employee Advisory Council (EAC)

Financial Support Request Form

Thank you for reaching out to the EAC. Please provide request details below:

Date:

Requester name:

Department:

Agency:

EAC Representative and/or EAC Group number (if known):

Briefly describe the Business Purpose related to the expense. Include the number of employees benefiting, item(s) needed, event date (if applicable).

Description of item(s) and cost.

Please provide the exact link of the item requested if the EAC will be purchasing the item directly.

Please indicate if you/department would prefer to purchase the item(s) directly and will send in receipts for check reimbursement.)

Total cost of item(s) requested:

**If you/department is purchasing the item(s):**

Check should be made payable to:

Address to mail the check:

Note: receipts must be sent to your EAC Representative before reimbursements can be made.

**If the EAC is purchasing the item(s):**

Phone number, Address and Attn To for shipping details:

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

EAC Rep signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group # \_\_\_\_\_ Date: \_\_\_\_\_

For EAC Rep:

Total Amount funded/reimbursed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_