

MENG MWR FUND REQUEST

Date:

From (unit or group):

To: DVEM
Attn: Family Program Office
State House Station #33
Augusta, ME 04333-0033

Thru Channels as appropriate

SECTION I - APPLICANT – FILL THIS SECTION IN COMPLETELY

Unit/Group:

POC Name:

Address:

City:

State:

Zip:

Email:

Phone #:

Date of Event:

Location of Event:

Amount Requested:

Please write the name that the check should be written out to.

Please state the address to where the check should be sent.

How many attending event? Military **Family members**
Special Guests **Retirees**

Total Attendees: _____

Breakdown of cost of this event:

Cost of Event

**Minus unit money, community contributions
and other sources of financial support**

**Equals total request from
MENG Morale Funds**

\$ _____

\$ _____

\$ _____

SECTION II - RECOMMENDATION BY HIGHER HEADQUARTERS

This information has been verified by unit of assignment and processed thru the chain of command:

Recommendation: **Approval** **Disapproval** **Approval for lesser amount:**

Name:

Title:

Phone #:

Unit:

Email:

SECTION III – STATE FAMILY PROGRAM OFFICE

Received:

Date to Council:

Results:

Check #:

Disposition:

MENG FP/MWR– 37 1 Oct 04

