

# UNITE EVENT REQUEST

REQUESTING UNIT:

UNITE POC:  EMAIL:

## EVENT INFORMATION

DATE OF EVENT:

EVENT LOCATION:

PROJECTED START TIME:  END TIME:

PLANNED NUMBER OF PARTICIPANTS:

PROJECTED FEES TO BE PAID BY PARTICIPANTS:

### DETAILED EVENT DESCRIPTION:

### **APF (ACTIVITY) FUNDING BREAKDOWN (\$13.50/PP):**

YOU MUST BREAK DOWN EVERY EXPENSE - DO NOT LUMP ACTIVITIES/EXPENSES TOGETHER

### **NAF (FOOD/BEVERAGE) FUNDING BREAKDOWN (\$5.00/PP):**

YOU MUST BREAK DOWN EVERY EXPENSE - DO NOT LUMP EXPENSES TOGETHER

**COMMUNITY COHESION COORDINATOR (C3) SIGNATURE:**

**COMMANDER SIGNATURE:**





# UNITE VENDOR TRACKER

REQUESTING UNIT:

DATE OF EVENT:

VENDOR/BUSINESS NAME	NAME OF PERSON YOU COORDINATED WITH	PHONE #	ADDRESS/WEB LINK	WHAT/HOW MANY IS BEING PURCHASED /RENTED	DOWNPAYMENT	TOTAL PAID	PAYMENT DUE DATE	C3 INTERNAL ONLY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Additional Comments:

**ALL PURCHASES MUST BE TAX EXEMPT!!!**

