



SNOQUALMIE INDIAN TRIBE
TRADITIONAL CULTURE AND RECREATION PROGRAM
EQUIPMENT RECONCILIATION FORM

Applicant Information

First and Last Name _____ Enrollment Number: _____

Date	Vendor	Description of equipment expense	Amount	Receipt attached

I Am Requesting a check in advance for \$_____.

If you are requesting a check in advance please initial that you understand and will adhere to the following requirements for funding in advance for equipment expenses.

____ I understand that I am required to return the **original receipts**, labeled with my name, *within 30 days* of receiving a check and that the total should be equal to or greater than the total on the check enclosed.

____ I understand that all expenses must be reflected above on this reconciliation form.

____ I understand that any remaining funding for this equipment request must be returned with the receipts to the Snoqualmie Indian Tribe via, cash, check or money order.

____ I understand that if I do not return all original receipts or remaining funding within 30 days that I may not be eligible to request funding for the remainder of the current fiscal year as well as the next fiscal year.

Signed: _____ **Date:** _____