

APSC ASSISTANCE REQUEST

Provide detailed information regarding your funding request below. Attach receipts if reimbursement is requested. For approval, fax/email request document(s) to either Mark Sowers (mark.sowers@alaska.gov) or Kelly Alzaharna at 465-3263 (kelly.alzaharna@alaska.gov). Requests with incomplete information or missing receipts cannot be processed.

Date of Request: _____

Requesting Agency: _____

Name/Title of Person Completing this Form: _____

Phone/Email of Person Completing this Form: _____

Fill in all blanks below!	
AMOUNT REQUESTED:	\$ _____
SPECIFIC USE OF FUNDING:	_____
LOCATION (if training course):	_____
What name (individual or agency) should the check be made payable to? _____	
Are you requesting reimbursement? Yes <input type="checkbox"/> If so, receipts must be attached.	
Additional Information: _____	

APPROVED:

NOT APPROVED: Reason: _____

Mark Sowers, APSC Staff: _____ DATE: _____

Kelly Alzaharna, APSC Executive Director: _____ DATE: _____

Alaska Police Standards Council
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