

APSC FUNDING ASSISTANCE REQUEST

Provide detailed information regarding your funding request below

If you are requesting reimbursement for money YOU HAVE ALREADY PAID, attach your ORIGINAL receipts to this form and mail to the address at the bottom of this page. Requests with incomplete information or missing receipts cannot be processed.

Date of Request: _____

Requesting Agency: _____

Name/Title of Person Completing this Form: _____

Phone/E-mail of Person Completing this Form: _____

Fill in all blanks below!

AMOUNT REQUESTED:	\$
SPECIFIC USE OF FUNDING:	
NAME/LOCATION/DATES (if training course):	
Specify name and mailing address that the state warrant should be made payable to (individual or agency): _____ _____	
Are you requesting reimbursement? Yes <input type="checkbox"/> If so, detailed ORIGINAL receipts must be attached.	
Additional Information:	

APPROVED:

NOT APPROVED: Reason: _____

Kelly Alzaharna, Training Coordinator: _____ DATE: _____

MAIL or EMAIL TO:

Alaska Police Standards Council
PO Box 111200 – Juneau, AK 99811-1200
Phone: 907-465-6296
kelly.alzaharna@alaska.gov