

Request for Section Reserves – per SOPP #1015-20

Name of the Section/Field Office:

Date Requested:

Amount:

Intent of how the funds will be used:

How this Supports ACA’s Mission:

What goal or outcome is anticipated the funds will achieve?

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Local Council Leaders Designee Signature: Date

**□** Approved

**□** Denied

 Explanation:

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CFO Signature Date