



Marine Corps League Cornhusker Detachment 370 Request for Detachment Funds



Date (<i>DD/MM/YY</i>)	Name (<i>Last Name, First Name, MI</i>)		
I am a member of the MCL <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Address	Phone Number and Email ()	
MCL Membership Date and Standing <i>(Year Joined)</i> <input type="checkbox"/> Current Dues Paid <input type="checkbox"/> Dues Delinquent	Membership Type <input type="checkbox"/> Regular Member <input type="checkbox"/> Honorary Member <input type="checkbox"/> Associate Member <input type="checkbox"/> Life Member		
Nature of Detachment Funds Request <input type="checkbox"/> Official <input type="checkbox"/> Personal	Intent to Repay Detachment Funds <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Explanation for Detachment Funds Request (<i>Please Print</i>)			
Signature	Date		
** No funds will be released without approval of the Detachment Board of Trustees. ** Deliver completed forms to: Shon Olson, 6808 250th St., Alvo, NE 68304.			

For Detachment Board of Trustees

Is the Requestor's information accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the authorized official approve the request? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with exceptions
Approving Official's Comments: 	
Commandant/Sr. Vice Commandant's Signature _____	Date _____
Paymaster's Signature _____	Date _____