

## **BACK HOME LOBBY FUNDING REQUEST FORM**

### **«AMOUNT»**

Up to \$300.00 is available to your region to facilitate local lobbying efforts between now and the end of the fiscal year (June 30, 2012). Funds are available **only** for food, beverage and facility costs, and the expenses must relate directly to a meeting for which one or more state legislators are present. Meetings may be organized by one or more regions, or by a local IEA regional office. The procedure for distributing these funds will be as follows. Since the money to support these meetings is budgeted in the 2011-2012 fiscal year, all meetings must be held no later than June 30, 2012 and all requests for reimbursement must be received by IPACE no later than July 15, 2012 including mail time. Requests received after that date cannot be processed.

1. Complete the request form below.
  2. Fax the form to Donna Proefrock at 217/544-0691, e-mail it to Donna at [donna.proefrock@ieanea.org](mailto:donna.proefrock@ieanea.org), or mail it to Donna at IEA Headquarters.
  3. You will receive an e-mail indicating whether or not your request has been approved. If you have not received this e-mail within a week after you submit your request (allowing for mail time if the form is mailed), call Donna at 217/321-2232 to inquire about the status.
  4. After you receive approval, conduct your meeting. Then complete the attached evaluation form and **attach invoices for all expenditures** (required by our auditors). Send the form and supporting documentation to Donna as indicated in #2 above.
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Date and location of meeting: \_\_\_\_\_

Who is organizing the meeting (Region 99, Morris Office, etc.):

\_\_\_\_\_

Who is being invited, and the approximate number of invitees: \_\_\_\_\_

\_\_\_\_\_

Legislator(s) to be present: \_\_\_\_\_

\_\_\_\_\_

Send approval to (name and legible e-mail address): \_\_\_\_\_

\_\_\_\_\_

**REGION MEETING REIMBURSEMENT FORM**

Region/Office: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

Number of attendees: (attach list) \_\_\_\_\_

Amount of reimbursement requested (not to exceed \$300.00): \_\_\_\_\_

**(reimbursement cannot be provided unless invoices supporting the entire amount are attached.)**

Mail check to:

IEA Region \_\_\_\_\_

c/o \_\_\_\_\_

\_\_\_\_\_ (street address)

\_\_\_\_\_ (city/state/zip)

Signature of requestor \_\_\_\_\_

Title (Region 99 Chair, etc) \_\_\_\_\_