



VANCOUVER EDUCATION ASSOCIATION, INC.  
2509 Broadway • Vancouver, Washington 98663  
Phone 360-695-3397 • Fax 360-694-8337

## VEA Member Engagement Initiative Funds Request

The VEA wishes to support programming or events that align with the tenets of the Association and serve to improve the interests of Association members. The amount of funds allotted per building or constituent group per fiscal year will be based on the number of allotted representatives per building or constituent group (see Policy 101.3 found under the Documents tab on the VEA website [www.vancouverea.org](http://www.vancouverea.org)) No later than October of each year, the allotted amount per representative will be updated on the Initiative Fund Request Form.

For 24-25 the amount allotted per representative is \$78.74 based on 127 building and constituent group reps.

(eg. a building with 2 allocated reps is eligible for up to \$157.48 reimbursed).

**STEP 1:** Requests for initiative funds shall be submitted to the VEA office electronically via this Initiative Fund Request Form. *The requestor will ensure that all other representatives from the building/constituent group are aware of and support this request for funds.*

Upon receipt of this Initiative Fund Request Form, the President or their designee will confirm receipt of the request, and either:

- Request clarification of the intended purpose/use of the funds; or,
- Take a vote of the Executive Board to:
  - Approve the request in whole or in part; or,
  - Request further clarifying information from the applicant(s); or,
  - Provide the requestor(s) a written denial of the request which specifies why the request is being denied.

*No initiative fund requests will be accepted after the May Executive Board meeting.*

**STEP 2:** Following Executive Board approval, the reimbursement process may begin:

- Make purchase as outlined in funds request. Save receipt(s) for submission.
- Submit reimbursement form along with receipt(s) to the VEA office to either [cbrown@washingtonea.org](mailto:cbrown@washingtonea.org) or to 2509 Broadway, Vancouver, WA 98663.

Only one reimbursement check per initiative fund request will be allowed. All receipts for reimbursement of initiative funds shall be submitted no later than five (5) business days after the last day of school in order to receive reimbursement. The reimbursement will be processed, up to the allotted amount, per current Association procedures.



**VANCOUVER EDUCATION ASSOCIATION, INC.**  
 2509 Broadway • Vancouver, Washington 98663  
 Phone 360-695-3397 • Fax 360-694-8337

**STEP 1: Request for Funds Form**

Date: \_\_\_\_\_

Name of VEA Representative submitting request: \_\_\_\_\_

Contact information (cell phone/non-school email): \_\_\_\_\_

Building/Constituent Group: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ (note maximum allocation)

Purpose of Funds (describe how these funds will be utilized, including approximate number of members impacted):

\*I attest that all other representatives from this building/constituent group are aware of and support this request for funds.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**VEA Office Use Only**

Date Received by President: \_\_\_\_\_

Date Referred to Executive Board for consideration: \_\_\_\_\_

Further clarification requested by Executive Board (if applicable):

Approved/Denied (circle outcome) by Executive Board. If denied, the basis of the denial:



**VANCOUVER EDUCATION ASSOCIATION, INC.**  
 2509 Broadway • Vancouver, Washington 98663  
 Phone 360-695-3397 • Fax 360-694-8337

**STEP 2: Request for Reimbursement Form**

Following Executive Board approval, the reimbursement process may begin: ●

Make purchase as outlined in funds request. Save receipt(s) for submission.

- Submit reimbursement form along with receipt(s) to the VEA office to either cbrown@washingtonea.org or to 2509 Broadway - Vancouver, WA 98663.

Date: \_\_\_\_\_

Name of VEA Representative who made the initial funds request: \_\_\_\_\_

Name of person to be reimbursed: \_\_\_\_\_

Address reimbursement check should be sent: \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Building or Constituent Group \_\_\_\_\_

Total amount to be reimbursed: \$ \_\_\_\_\_

Describe how the utilization of funds was received by members, including how many members were impacted/involved.