

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

ELDERS DEPARTMENT

7500 ODAWA CIRCLE
HARBOR SPRINGS, MI 49740
Phone: 231-242-1423
Fax: 231-242-1430

eldersdept@ltbbodawa-nsn.gov

FOOD & UTILITY APPROPRIATION ALLOWANCE APPLICATION

Please print the following information:

CURRENT YEAR: _____

TRIBAL ENROLLMENT NUMBER: _____

Name: _____

First

Middle

Last

Mailing

Address: _____

Street

City

State

Zip Code

Date of Birth: _____

Telephone Number: _____

Signature

Date

By checking this box and typing my name above, I am electronically signing this consent form. I certify this appropriation will be used towards food, cleansers, or utility expenditures.

DO NOT WRITE BELOW THIS LINE! OFFICE USE ONLY.

| | | |
|----------------------------|----------------|--|
| Food & Utilities Allowance | 2107-2-6370-10 | |
| Total Amount of Check | | |

| | |
|---------------------|-------|
| ACCOUNTING USE ONLY | |
| VENDOR #: | _____ |
| A.P. REVIEW: | _____ |
| CONTROLLER: | _____ |

Requestor: _____ Date: _____

Approval: _____ Date: _____

| | |
|---|-----------------------|
| ✓ | MAIL: |
| | RETURN TO DEPARTMENT: |
| | OTHER: |

