

WHC Budget Request Form

Fiscal year: 2026-2027

Name of Committee, Group, District _____

Budget contact person name, phone & email: _____

List Goals for Fiscal Year

- 1 _____
- 2 _____
- 3 _____

Itemized Requests

1 List Travel expenses and destination

Mileage	Lodging	Meals	Purpose of trip:	
a			_____	
b			_____	
c			_____	
d			_____	
\$ -	\$ -	\$ -	Total	\$ -

2 List Seminar/Conference and fees

a	_____	
b	_____	
c	_____	
		\$ - Total

3 Other Expenses

a	_____	
b	_____	
c	_____	
		\$ - Total

4 Total amount requested

\$ - Total Expense

5 Programs or events offered with income:

a	_____	Expected income	
b	_____	Expected income	
c	_____	Expected income	
			\$ - Total Income
			\$ - Total Request

Attach more requests/information on additional form

RETURN COMPLETED FORM TO WHC OFFICE BY APRIL 8TH TO BE CONSIDERED FOR BUDGET MONEY; LATE OR INCOMPLETE FORMS MAY NOT RECEIVE MONEY