



Committee, SPIN, Council, Cabinet, or Task Force

Budget Allocation Application

Fiscal year 20__ - __

Appendix G

Unit: _____ **Date:** _____

Chair: _____
Print Chair's Name *Chair's Signature*

Email: _____

Please fill in the category and amount requested below and then send this form to the NADE Treasurer. This form must be received by the NADE Treasurer by May 1 to be considered in this fiscal year budget.

Category	Amount Requested	Amount Approved
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
Check if additional materials attached. <input type="checkbox"/>	TOTAL	\$ Office use

FEE WAIVER: In addition to the amounts allocated, the group named above will receive one basic fee waiver, provided the individual selected fulfills the required leadership responsibilities to attend the mandatory leadership activity at the NADE annual conference.

Explanatory Notes:

- The NADE fiscal year runs from July 1 to June 30.
- Allocated amounts are subject to availability of funds. Reimbursement checks may take up to 8 weeks to process.
- No funds may be used to compensate NADE members, their family members, or organizations in which they or their family members have a financial interest without notifying the NADE Board of the potential conflict of interest in advance of the expenditure. In such cases, formal NADE Board approval must be obtained in advance of the expenditure, and such approval should not be assumed.
- Expenditures incurred in excess of approved amounts or for purposes other than those approved will not be paid or reimbursed without formal NADE Board approval in advance of the expenditure. Such approval should not be assumed. Funding requests for individual purchases exceeding \$2000 must include at least three bids and an explanation for accepting a bid for services.
- All reimbursement requests must include both a reimbursement form and original receipts for each expenditure taped to a separate sheet of paper. Forms are available at www.NADE.net
- Invoices or reimbursement requests against this allocation must be delivered to the NADE Treasurer by **June 15** of the fiscal year in which the allocation was approved. Late invoices or requests for reimbursement against the allocation will be handled at the discretion of the NADE Executive Board, which may choose to deny payment and/or reimbursement.

Send this form to

NADE Attn: Treasurer
 170 Kinnelon Road, Ste. 33
 Kinnelon, NJ 07405
 Tel: 877-233-9455
 Fax: 973-838-7124