



*Union Township Professional Fire Fighters Association*

*I.A.F.F. Local 3412*

431 Ohio Pike ▪ Suite 153 South ▪ Cincinnati, Ohio 45255

**Benefit Fund Request Form**

1. Date of request: \_\_\_\_\_

2. Name of person requesting funds: \_\_\_\_\_

3. Amount of request: \_\_\_\_\_

4. Reason for request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. When are funds needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature/Date:** \_\_\_\_\_

-----Official Use Only-----

Date received by Benefit Committee: \_\_\_\_\_

Date received by E-Board: \_\_\_\_\_

Committee's recommendation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approve/Date \_\_\_\_\_ Deny/Date \_\_\_\_\_

President's signature: \_\_\_\_\_

Chairperson's signature: \_\_\_\_\_

Jamie Osborne  
President

Bruce Bellingham  
Vice President

Chris Gilpin  
Secretary

Mike Smith  
Treasurer