TM-ARPA MEETING REQUEST FORM

THIS MEETING REQUEST WILL NOT BE SCHEDULED UNTIL ALL SUPPORTING DOCUMENTATION IS ATTACHED

Meeting Requested By: ________________________________  Date: ____________

Email: ________________________________  Phone Number: ________________________________

Meeting Requested with:  □ Tribal Council  Time Needed:  □ 5 min  □ 10 min  □ 30 min  □ 1 hour

Meeting Topic: __________________________________________

Background Information:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

All information must be attached before meeting request will be accepted, i.e., Budget and other documentation relating to your request.

Others to be included in meeting:
Examples: Finance (Budget and Expenditures); Human Resources (Employment and personnel issues); Legal Department (legal issues); Land Management (Land issues), etc., Must provide backup.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Tribal Council Approval  Chairman Signature or three (3) Council Representatives signatures needed to sponsoring request

X __________________________________________  X __________________________________________  X __________________________________________

ARPA Director Approval  Date: ________________________________