



TURTLE MOUNTAIN BAND OF CHIPPEWA

4180 HIGHWAY 281 BELCOURT, NORTH DAKOTA 58316 TMCHIPPEWA.COM



## TM-ARPA DEPARTMENT

# 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 \_\_\_\_\_