

# NAVAJO NATION VETERANS ADMINISTRATION

## CHAPTER VETERANS ORGANIZATION

TO: Accounts Payable Section, Financial Services Department

REQUESTOR: \_\_\_\_\_  
(name as it appears on social security card)

INVOICE / DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**MUST  
MATCH W-9** \_\_\_\_\_

Phone #: \_\_\_\_\_

Your Relationship to Veteran, if NOT THE Veteran: \_\_\_\_\_

	<b>Assistance Type</b>	<b>Sub Account</b>	<b>Amount</b>
	<b>HARDSHIP</b> <small>(food, utility bill, shelter, clothing, college tuition, veteran's workshop, veterans hospital appointment)</small>	8060	\$
	<b>ENERGY</b> <small>(wood, coal, wood pellets &amp; propane)</small>	8065	\$
	<b>SELF HELP MATERIALS</b>	8515	\$
		<b>Total:</b>	\$

**NOTE: \*\* A RECIPIENT MAY APPLY FOR MULTIPLE TYPES OF ASSISTANCE ON ONE NNVA FORM 101; EXAMPLE: VETERAN MAY APPLY FOR 1 HARDSHIP + 1 ENERGY + 1 HOME IMPROVEMENT AT ONCE. POLICY ALLOWS FOR SUCH REQUESTS TO BE MADE TO HELP THE VETERAN.\*\***

PURPOSE AND NEED FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

### OFFICIAL USE ONLY

I have verified the Applicant meets the eligibility criteria (int) \_\_\_\_\_:      **Request is:**    APPROVED                      DISAPPROVED

Reason for DISAPPROVAL: \_\_\_\_\_

\_\_\_\_\_  
Accountant Maintenance Specialist's Signature

ENTERED: \_\_\_\_\_  
Date

\_\_\_\_\_  
Veterans Service Officer's Signature

REVIEWED: \_\_\_\_\_  
Date

Business Unit (BU) #: \_\_\_\_\_

Company (C)#: \_\_\_\_\_

Supplier (S) / Address Book (AB) #: \_\_\_\_\_ Batch (B) #: \_\_\_\_\_ Document (D) #: \_\_\_\_\_