

Grant Wood PTA
Application for Funds Request

Applicant's Name: _____ Date: _____

Contact Person: _____

Contact Phone: _____ Contact Email: _____

Program/Project Title: _____

Is this continuation of an existing program? Yes No

Program/Project Start Date: _____ Ending Date: _____

<p><u>Proposed Program/Project Budget</u></p> <p><i>Notes Here:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Expenses</p> <p>Materials: \$ _____</p> <p>Food: \$ _____</p> <p>Equipment: \$ _____</p> <p>Other: _____ \$ _____</p> <p>Total Expense: \$ _____</p> <p>Income</p> <p>Donations: \$ _____</p> <p>Grants: \$ _____</p> <p>Fees: \$ _____</p> <p>Other: _____ \$ _____</p> <p>Total Income: \$ _____</p> <p align="center">Total Amount of Funds Requested: \$ _____</p>
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Reimbursement Request/Approval of Expenditures

Date of Request: _____ Amt Requested: \$ _____

Requested By: _____

Reason: _____

All receipts attached ? YES (*required for reimbursement) NO

The above expenditure was approved by:

Adoption of Budget – Category: _____

Board/Executive Committee – Date: _____

Amount Paid: \$ _____ Check #: _____

Date : _____ By: _____

Please forward completed form the PTA Treasurer