

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

***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***