



West End PTA Request for Funds



Please note that money will not be paid in advance; receipts must be kept and will be reimbursed only if Request has been pre-approved, and only for the amount actually spent.

Name of Person Completing Application: _____

Email address: _____

Name of Group Receiving Funds: _____

Anticipated Amount Needed for Request: \$ _____

Number of Students Benefiting from Funds: _____

Date Funds Needed: _____

Explanation of Item(s) With Which Funds Are Being Requested (use other side if necessary):

Explanation of How Funds Will Be Used (use other side if necessary):

Signature of Principal
(acknowledging that Fund Request supports school goals)

Signature of PTA President
(acknowledging submission for membership vote)

Date presented to PTA: _____

___ Approved

___ Denied - Reason: _____

___ Need further information (contact applicant)

If approved: Check #: _____

Date: _____

Treasurer's Signature: _____