

DIDION PTA REQUEST FOR FUNDING/REIMBURSEMENT 2014 – 2015

(This form is to be completed for consideration of any request for funding or reimbursement.)

Date: _____ Requestor: _____

Proposed Cost or Reimbursement Amount: \$ _____

Requestor Phone Number: _____

Requestor Email Address: _____

Is this a: ____ Request for Funding or ____ Request for Reimbursement

Description of Request: *(Please attach supporting documentation.)*

Reason for Request: *(Please provide approval budget line item or state "new proposal"):*

Possible Alternative Funding Source:

People We May Need to Contact:

If check is to be issued, the following information is needed:

Check Amount: _____

Payable To: _____

Address: _____

Phone Number: _____

For PTA Use Only:

Approved/Denied: _____ Date Received: _____

Amount Requested: _____ Budget Line Item: _____

Check #: _____ Check Amount: _____

Check Date: _____

