

# Hale School PTA - Request for Funds

Hale PTA is a fund-raising, community building, volunteer recruitment committee serving the staff, students and parents of Hale School. Anyone requesting funds from the Hale PTA is asked to complete this form so we have documentation as to how our funds are utilized for the betterment of our community. Thank you for your assistance with this process. **Note:** All information regarding your request will be kept confidential.

## DIRECTIONS:

Please send this **completed form** to the PTA Secretary via the **YELLOW** folder located in the PTA box in the Hale School office.

Note: All requests will be reviewed at the next monthly PTA Board meeting. Meetings are held on the 2nd Tuesday of each month at 7:30AM in the Hale School office. **Thanks.**

**\* Upon approval, receipts must be received before a check will be issued.**

Today's Date: \_\_\_\_\_

## Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_ (email will be used to communicate with Requestor)

## Nature of Request:

Please help us understand your request by checking the appropriate box below:

- Scholarship Request     Facility Improvement     Committee Expense, Committee: \_\_\_\_\_  
 Grade Level Stipend     Specialist Funding Request     Other Request: \_\_\_\_\_

Please indicate if your request is an  Item that will stay in the school classroom     Consumable Item, or  Other

**Short Description:** (Please indicate either the event/activity name, reason for request, or how the monies will be utilized.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Funds Requested:

Total Amount Requested\*: \_\_\_\_\_ Date by which funds are needed: \_\_\_\_\_

Estimated shipping costs, if applicable: \_\_\_\_\_

\* Total amount must include shipping costs, if applicable.

**To whom should the check be made out to if not the same as the requestor:** \_\_\_\_\_

Have you checked any **alternate sources** of funding (e.g. donation)? If so, please indicate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please **attach** a copy of your **receipt(s)** or **invoice** to this form. If you do not have a receipt(s) please indicate why below:

\_\_\_\_\_  
\_\_\_\_\_

## For PTA use only:

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount: \_\_\_\_\_ Activity/Committee/Person: \_\_\_\_\_