

Scenic Heights PTA Additional Funds Request

Date: _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

Group, Committee or
Person Requesting Funds: _____

Total dollar amount requested: \$ _____

Please describe and itemize as specifically as possible (qty, model #, cost per item, etc.) how the money is to be spent. Also include the group who will benefit or be impacted by this expenditure. If possible, prioritize each item in the event that the full amount cannot be approved. Be sure that **ALL** costs are included (i.e. shipping charges, etc.):

Date by which approval is requested: _____

Please note that this request will be discussed at the next scheduled Exec Board meeting. Requests under \$500 can be approved by the Executive Board (per Bylaws). Requests \$500 and over must be voted on at a regular PTA business meeting. Funds approved must be spent on the items approved. The PTA will reimburse the actual costs for approved items up to the approved amount. Any amount required in excess of the approved amount will not be reimbursed.

Request Disposition: _____ Approved _____ Denied _____ Modified