

WOODRIDGE PTSA

FUNDS REQUEST / GRANT REQUEST / EXPENSE REIMBURSEMENT

Please Attach Supporting Documentation / Receipts / Invoices To This Form.

Date of Request: _____ Date needed: _____ (Please allow 2 weeks for processing.)

Amount Requested: \$ _____ Check Payable to: _____

Name of Activity: _____ Phone number: _____

Explanation of what the money is needed/was used for: _____

Requested by: _____ Signature: _____

Phone: _____

Teacher Grant Requests: Supply _____ Enrichment _____ (check one)

Teacher Grants - Please include how this compliments the curriculum and how students will benefit. Your request will be considered based on how it fits with the building mission statement, our PTSA mission statement, and the current budget.

PTSA President Approval

Teacher Grant Requests Principal Approval

Approved _____ Date: _____

Approved _____ Date: _____