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Gunnison Valley PTA

Request for Funding/Reimbursement

ALL FUNDING REQUESTS MUST BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO DATE NEEDED

Date: _____ Requestor: _____

____ Request for funding or ____ Request for reimbursement

Amount: \$ _____ Date needed: _____

Phone #: _____

Email address: _____

Description of Request:

Who will benefit from this & how?

For PTA Use Only:

____ Approved ____ Denied ____ Additional Information Needed

Amount: \$ _____

Check #: _____

Date: _____