

AMERMAN PTA FUNDING REQUEST FORM

2019-2020 SCHOOL YEAR

Date of Request: _____ Amount Requested: _____

Submitted by: _____

Contact Email Address: _____

Please Make Check Payable To: _____

1. Specific description of your request (field trip*, reimbursement, payment, Grant request, etc.)
Please attach invoices, estimates or other necessary documentation.

Type of request: _____

Date of event/field trip _____

2. Purpose, impact and/or benefit to Amerman students:

Additional Information:

***Field Trips - \$4.00 per student per school year to be used to offset transportation or cost of admission, etc.**

To Be Completed by Treasurer

Amount Paid: _____ Check#: _____ Date Paid: _____