



BEALL ELEMENTARY SCHOOL PARENT TEACHER ASSOCIATION

## Staff Request for Funding

Please return this form to [Treasurer@BeallPTA.org](mailto:Treasurer@BeallPTA.org) and copy [President@BeallPTA.org](mailto:President@BeallPTA.org).

Today's date \_\_\_\_\_

Name of Requestor \_\_\_\_\_ Grade(s) \_\_\_\_\_

Email of Requestor \_\_\_\_\_

Amount Requesting: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Event Name: \_\_\_\_\_ # of Students to Benefit: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Amount Requesting: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Vendor Information, when applicable:

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

Vendor Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Vendor Address (for pymt): \_\_\_\_\_

Attach invoice / receipt and additional information.