



NORTHWOOD PTA  
 (907) 742-6800 Fax 742-6822  
 Cell/text President Deanne Adams:  
 907- 854-1613 or [DeannePTA@aol.com](mailto:DeannePTA@aol.com)  
 EIN # 92-0055542

**Northwood PTA Request for PTA Funds (2016-2017)**

Please plan ahead if you need funds from PTA. We review requests once a month.

1. Complete this form to request support.
2. Make a copy & sign it – leave in the PTA mailbox at Northwood ABC main office
3. Email this digital form to [deannePTA@aol.com](mailto:deannePTA@aol.com) (PDF will be on school website)
4. Complete #2 and #3 no less than 30 days prior to when funds or volunteers are needed.

At our monthly PTA Executive Board meeting we will review the request. The requestor will be notified by email on the decision to fund. Please do not commit the PTA to fund any event or activity without receiving prior approval.

Date of Request: \_\_\_\_\_ **Amount** Requested: \$ \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

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

Name of your event: \_\_\_\_\_

**Details:**

Date of event, if applicable: \_\_\_\_\_

Location of event (field trip destination, etc.), if applicable: \_\_\_\_\_

Is rental of a bus part of your request? \_\_\_\_\_ If yes, will it be am or pm bus?

Please give a brief description of the activity planned including purpose and specifics on how funds will be used:

**Requestor agreement for use of PTA funds:**

If my request is approved, I agree to provide PTA copies of receipts or invoices within 30 days of receiving the funding.

For reimbursement, make checks payable to: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

**For PTA use:** Approved/Date \_\_\_\_\_ Not approved/Date \_\_\_\_\_

Budget Line: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_