



Home & School Association TEACHER & STAFF FUNDS REQUEST FORM

Please use this form for teacher and staff funds for the 2019 - 2020 school year.

PLEASE PRINT

Today's Date: _____ **Amount Requested:** _____

Name(s) of Teacher(s) or Staff Member(s) Requesting Funds or Services: _____

Requestor's Contact Information:

Phone #: _____ **Email Address:** _____

Brief Description of Event or Purpose of Expense, Education or Community Value and How Many Students or Staff will the Activity Serve: _____

Requestor's Signature: _____ **Date:** _____

Invoice(s) will be paid directly to vendor

**** Please attach invoice(s) ****

After completing this form, please submit it to the Principal with invoice(s) attached for approval. The HSA will then process this form. We typically write checks on the 15th and 30th of each month. **You must submit your form(s) and invoice(s) no later than May 30, 2020.** Unfortunately, due to HSA regulations, we are not able to advance funds.

Please note that submission of this form does not guarantee approval. Funds will be voted on by the HSA at General Membership meetings and awarded on a first-come-first serve basis, so please submit your request as soon as possible and at least two weeks prior to the upcoming HSA meeting. Priority will be given to requests that serve the greatest number of students and offer the greatest educational and community value.

Please check appropriate box:

APPROVED **DENIED**

_____ **Principal Signature** _____ **Date**

APPROVED **DENIED**

_____ **HSA Officer Signature** _____ **Date**

APPROVED **DENIED**

_____ **HSA Treasurer Signature** _____ **Date**

Date Approved: _____ **Amount Approved:** _____ **Check #:** _____

Date Denied: _____ **Reason Denied:** _____
