|  |  |
| --- | --- |
| Your Name |       |
| Your Tel No |       |
| Date of Request |       |
| Description of request for funding (please be sure to include dates and locations if this is for an event)      |
| Total Cost |       | Request for full or part funding | [ ] Full | [ ] Part |
| Total Requested |       | Payment to | [ ] School | [ ] Supplier |
| Deposit Required | [ ]  Yes | [ ]  No | Deposit Amount |       |
| Deposit Date Due |       | Balance Payment due |       |
| Decision required by |       |
| Supplier Name |       |
| Supplier Address |       |
| Supplier Tel No |       |
| Year Group to Benefit | [ ]  BB | [ ]  Rec | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 | [ ]  6 | [ ]  Whole School |
| Request approved by School Rep  | [ ]  Yes | [ ]  No |
| Any other information that you feel would be useful to help PTFA make a decision      |