

LA FOLLETTE ALL-SCHOOL BOOSTER CLUB FUNDING REQUEST FORM

Please submit this form with your completed request.
Attach additional information as needed.

| Dept./Sport/Club: | Date: |
|---|--|
| Requestor contact info (include name/phone/email): | |
| Dollar amount/items requested: | |
| Reason/purpose for request: | |
| Bid #1: (Include Vendor Name, Address, Phone, Shippi | |
| Bid #2: (Include Vendor Name, Address, Phone, Shippi | |
| Funding Plan: (What other resources or fundraising ef | |
| If funding is approved, check should be made out to: | |
| If funding is approved, check should be mailed or delivered to: | |
| SIGNATURE OF SUPERVISOR: (PRII OR ATHLETIC DIRECTO | |
| I have considered and approved this reques | t for funding from the LHS Booster Club. |
| Signature & Date: | |