GARFIELD HIGH SCHOOL PTSA Request for Small Grant Funds/Reimbursement Form

Instructions:

- Fill in the information requested below
- Staple your bill and/or receipts to the form
- Submit form to the PTSA Treasurer (PTSA mailbox in main office)

Your Name:		Phone:
Email:		@
Amount Reques	sted:	
Grant Number 8	Description:	
Check to be ma	de out to:	
Address (if check needs to be mailed):		
Instructions for	payment:	
	rm, I acknowledge that all items A funds are the property of Gar	and property purchased with Garfield field High School.
Signature:		Date:
Plea	se Do Not Write Below Line -	For Treasurer's Use Only
Date:	Check Number:	Amount:
Issued To:		
Category:		
Treasurer's Signa	ature:	