

Request For Funding
(Please turn this in BEFORE funds are spent!)

Please complete the following if you are requesting funding for over \$50.00. For expenses under \$50.00, just send receipts.

Funding is for:	Cost:	Type of Payment: *see below	Check should be made out to: (please include address)
Example: Bus transportation	\$125.00	3	Laidlaw, 123 Laidlaw St., Yellowbus, PA 12345

Type of Payment:

1. I will be using my personal credit card/cash to make the purchase and will want to be reimbursed. I understand I must fax receipts.
2. The Consortium for Public Education will be billed directly.
3. I will be needing a check made out directly to the retailer. The business name and address must be indicated above.

Please fax this form to 412-678-1698.

Treasurer Signature _____

Date _____