



## FIELD TRIP AND SPECIAL PROJECT GRANT REQUEST FORM

Staff Member: \_\_\_\_\_ School Year: \_\_\_\_\_

Grade/Class: \_\_\_\_\_ Room: \_\_\_\_\_

\*Please attach receipts if you have them.

**\*All forms must be submitted to the PTA Office by \_\_\_\_\_**

GRANT REQUESTED FOR:

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**AMOUNT REQUESTED: \$ \_\_\_\_\_**

**STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

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PTA Use Only:

Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_