



# Hamilton Booster Club Funding Request Form



**Please note that requests valued at \$500 or more must also be made in person at the monthly booster association meeting. Booster association meetings are usually scheduled on the first Wednesday of each month at 7 p.m. in the library.**

**Date of initial request** \_\_\_\_\_

**Funds/purchase needed by what date?** \_\_\_\_\_

**Teacher/Dept. making request** \_\_\_\_\_

**Please provide a contact number or email address:** \_\_\_\_\_

**All requests must first be reviewed by the principal. Requests submitted without Mr. Garcia's signature will not be considered:**

**X** \_\_\_\_\_

**Mr. Garcia's Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**What are you requesting? Please explain the purpose of the request and what benefit it will have for the students or school. If you are requesting funds for a purchase or service please note that we require a copy of the receipt or statement after the transaction. We will not approve retroactive reimbursements—all requests must be submitted and approved. If you need more space please use the back of the form:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you identified additional sources of funding? Yes / No \* if yes, how much:** \_\_\_\_\_

**If this request is for the direct purchase of: equipment, materials or services we ask that you please do comparison shopping. Frequently one vendor will meet or beat the price of another. Please provide the contact or catalog information on a minimum of two vendors that we can approach if your request is approved. Thank you.**

**Hamilton Booster Club Response:** \_\_\_\_\_ **Date of decision:** \_\_\_\_\_

**Your request has been:** Approved \_\_\_\_ Denied \_\_\_\_ Returned \_\_\_\_ (please see below)

**In order to make a final decision on your request please provide the following information and return the form to our box in the main office:**

\_\_\_\_\_