

Frontier Academy Elementary OPT
Request for Funding

Note: Has this request been declined by the General Fund Administrator (Kim Hurt)? Yes _____ No _____

*** Please complete this form and return to the OPT mailbox by the Monday preceding the next meeting for consideration of your request. You or a representative may want to attend for presenting and giving details of request if necessary.**

Your Name _____ Phone _____

Date Submitted _____ Date Needed _____

What is being requested? _____

Reason for Funding? _____

How will this benefit your class? _____

If Applicable, was any cost comparison done? Yes _____ No _____

If there is any additional information you would like the Board to consider, please explain or attach:

Amount Requested \$ _____ Amount Approved \$ _____

Included in annual budget.....or..... Approved at meeting (date _____)

Check Payable to _____

For OPT use after approval of request:

Approved by (OPT Officer) _____ Date _____

Approved by (OPT Officer) _____ Date _____

.....
For Treasurer's Use Only _____

Check # _____ Dated _____ Logged _____
