



NOTE: Form must be signed by SOTA Principal and submitted to Friends at least one month before funds are needed. **Place completed form in Principal's box for review.** Requests for \$500 or more must be discussed in person with the Friends Board at a monthly meeting (usually the third Thursday of the month at 6:30pm in the SOTA Main Office Conference Room).

By signing below, the Principal is attesting that there are no SOTA or District funds to support this event/activity in a reasonable manner. Please check if the Principal's Discretionary Account is intended to be source of funds.

The Applicant is promising to provide feedback such as staff/student comments, surveys, thank you letters, photos, etc. Your feedback helps us stay inspired and focused on supporting student development and success at SOTA!

REQUEST FOR FUNDS

Date of request: _____ Applicant Name: _____

Applicant's title/position and contact info (phone and email) _____

Purpose of Request (attach additional pages if necessary) _____

Date and location of activity to be funded: _____

Number of students involved in this activity/event: _____ Grades _____

Amount requested: \$ _____ **Check needed by:** _____

*****IMPORTANT ***** Check is to be made out to: _____

Department Contribution: _____ If none, please explain: _____

Student Contribution: _____ If none, please explain: _____

Staff/Faculty Signature _____ Student Signature _____

Principal's Signature & Comments _____

Date of Principal Approval _____ **Funds from Principal's Discretionary Account?** Yes No

PRINCIPAL: Please scan signed requests for funding and email to bob.rupp161@gmail.com.

To be completed by Friends of SOTA Request ID# _____

Date received by Allocations Chairperson: _____

Decision of the Allocation Committee: _____

Date Paid _____ Amount: \$ _____ Check # _____ Paid by: _____

Emergency Fund Operating Account Temp Restricted, Budget Line: _____