



FUNDING REQUEST

Date _____ Sport _____

Name _____ Dept _____

E-Mail _____ Total Cost \$ _____

Liaison or Contact Name - _____

Amount Requested - \$ _____

***SCHOOL PURCHASE ORDER MUST INDICATE AMOUNT
APPROVED BY ATHLETIC BOOSTERS***

1) What are you requesting?

2) Approximately how many students/athletes will this impact? _____

3) Do you have other sources of funding? (circle one) YES or NO

4) If YES, how will those funds be used?

REQUEST APPROVED

(circle one)

REQUEST DENIED

PHS Booster Board Member _____

Date of Approval _____