

THE CHAPTS FUNDING COMMITTEE REQUEST FORM

Please call Janet Dalton (480-998-8792 or 602-359-0061) if you have any questions.

DEPARTMENT: _____ DATE: _____

REQUEST: _____

REASON FOR THE REQUEST AND WHEN NEEDED: _____

WHAT FUNDRAISING HAVE YOU PERFORMED? HOW MUCH MONEY HAVE YOU RAISED?

DO YOU WISH TO ADDRESS THE COMMITTEE REGARDING THE REQUEST? _____

APPROXIMATE NUMBER OF PEOPLE TO BENEFIT FROM THIS REQUEST: _____

UNIT COST: \$ _____ TAX: _____ TOTAL REQUEST: _____

**PLEASE COMPLETE THE ATTACHED BUDGET FORM FOR THIS REQUEST.
YOUR REQUEST WILL NOT BE CONSIDERED WITHOUT A BUDGET FORM.**

IN CASE WE NEED TO CONTACT YOU FOR FURTHER INFORMATION:

Name: _____ Phone (Home): _____

Phone (CHS): _____ Free Period: _____

Department Chair Signature: _____ Principal's Signature: _____

Remarks and disposition from the Funding Committee:

Recommended: _____ Not Recommended: _____ Deferred: _____

Board Action: Approved Rejected Deferred

Remarks:

NOTE: APPROVED REQUEST AMOUNTS WILL NOT BE DISBURSED WITHOUT A COMPLETED REQUEST DETERMINATION AND DISBURSEMENT FORM.