



Quarterback Club
PO Box 1533
Copperas Cove, Texas 76522

REQUEST FOR FUNDING

Date of Request: _____

Requesting Team: _____ Head Coach: _____ Phone: _____

Description of funding needed: Please be specific and include the actual items) requested, quantity, and total cost.

Cost per item: _____ Quantity: _____ Total cost: _____

Vendor: _____ Phone: _____ Email: _____

Has CCISD funds been used? _____

Has the team raised funds on their own and if so, how were these funds spent or allocated?

Additional:

Head Coach: _____ Date: _____

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CCISD Administrator: _____ Date: _____

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Comments and Disposition by Quarterback Club ___ Approve ___ Disapprove

QBC President: _____ Date: _____