



Cascade View Elementary PTA
 2401 Park Ave
 Snohomish, WA 98290



Funding Request

Date: _____ Applicant's Name: _____ Contact Person: _____ Telephone: _____ Email: _____	Program Start Date: _____ Program End Date: _____ Is this a continuing program? Yes t No
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<u>Proposed Program/Project Budget</u> 	Expenses: Materials \$ _____ Equipment \$ _____ Other \$ _____ Total \$ _____
	Income: Donations \$ _____ Other \$ _____ Total \$ _____ Total Amount Requested \$ _____

	This box for PTA Record Keeping
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	Reimb. Date: _____ Amount: _____ Check Number: _____ Received reimburs: _____
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