

PTA SPENDING GROUP Funding Application Form 2019/20

TITL	E OF PROPOSAL/PRO	JECT:					
CON	ITACT DETAILS O	F APPLICANT:	, I				
NAMI	E:			DAT	E SUB	MITTED:	
ADDF	RESS:						
EMAI	L:						
PHONE:			MOBILE:				
	AILS OF PROPOS		ty (if knov	/n):			
Depa	ertment or group:						
Loca	tion of project/new	equipment within	ı school:				
Full	description of propo	sal/project:					
						(continue o	verleaf)
		PLEASE DO	NOT WRIT	E IN THE SPACE BE	LOW		
OFI	FICIAL USE ONLY						
	Date received:			Date considere	d:		
	Consideration:	SG meeting	/	Email quorum	/	Telephone quorum	
	Decision:	Approved /	Rejected	/ Deferred /	Furth	er information needed	
	Comments from SG	:					
	Date of payment:			Metho	d:	Cheque/Transfer	
	Payment to:			Amour	it:		

		(use an addi	tional sheet, if necessary)
Why is this needed? What are the likely benefits to the	school communi	ty?:	
		(uso an addi	tional sheet, if necessary)
ESTIMATED COST OF PROPOSAL/PROJECT:		(use an addi	tional sneet, if necessary)
Please indicate below the likely cost of the project (inc for comparison. Copies of quotations or relevant price l			
SUPPLIER DETAILS (include website address if applicable please)	COST OF MATERIALS & LABOUR	DELIVERY COST	TOTAL COST
	£	£	£
	£	£	£
	£	£	£
Are there likely to be any maintenance costs? YES/NO			
How much are these likely to be? ${f f}$ W	EEKLY / MONTH	LY / ANNUALL	Y / LESS FREQUENTL
How are these costs likely to be met?			
TIME CONSTRAINTS:			
When are the funds needed? Is there a deadline for a sp	ecial offer?		
		B.4	,
SIGNED:		DATE:	

Please feel free to provide any additional supporting material with this application that will help the Spending Group to reach a well-informed decision.

Completed application forms (together with any additional material, firmly attached) should be left in the Spending Group tray in the School Office. Thank you.