

TEWKSBURY TOWNSHIP PTA – Teacher Grant Funding Request Form



Staff Member(s) Name(s): _____

School Location(s): _____

Date: _____, 20____

Detailed description of grant funding request:

Principal Approval: _____ Date: _____, 20____

Superintendent Approval: _____ Date: _____, 20____

Tewksbury Township PTA President Approval: _____ Date: _____, 20____

Payable to: _____

Total Amount Requested: \$ _____

Please place requests with attached quotes/ receipts/ invoices in PTA mailbox or send to:

Jessica Shalhoub
PTA Treasurer
208 Old Turnpike Road
Califon, NJ 07830

PTA Check # _____ Amount: \$ _____

Date: _____ Budget Code: _____
