

**WESTERN SCHOOL DISTRICT
Programs Division**

Revised September, 2008

P. O. 368, 10 Wellington Street, Corner Brook, NL A2H 6G9
Tel: (709)637-4016 Fax: (709)639-1733

FUNDING REQUEST FOR: (Please check one below)

- Extra Curricular/Co-curricular Event (Acct. # 52084)
- Support of Program Initiatives (Acct. # 52043-200)

Teacher's Name: _____ School/Community: _____

Details of proposed initiative (include the number of students and teachers involved where applicable):

Anticipated Benefits: _____

Travel Distances (where applicable): From: _____ To: _____

Date of event: _____ Distance (return) _____ km

Projected Cost: \$ _____

Contributions from other sources: \$ _____

Amount Requested from Western School District: \$ _____

Principal's Signature: _____ Date: _____

OFFICE USE ONLY

Invoice # PRG- _____

Amount Approved: \$ _____ (Cheque will be written to you/the school when documentation for expenditures/per diem amounts for the approved event are submitted to our finance department. **Please attach a copy of this approved form to your documentation.** Note: Receipts for meals are not required. This approved amount will be **null and void** if documentation is not submitted prior to the end of the school year.)

Assistant Director of Education (Programs)

Date

c Accounts Payable
Regional Education Officer (If applicable)

- Acct.#52084-207 (Prim/Elem)
- Acct. # 52084-208 (Jr. High)
- Acct. # 52084-209 (Sr. High)
- Acct. # 52043-200