



CHAPTS TEACHER/STAFF FUNDING REQUEST GUIDELINES

1. The CHAPTS Teacher/Staff Funding Request Form and Budget Worksheet:
 - a. Can be found online at www.chapts.org and in the mailroom under 'Blank Funding Request Forms' in the Chapts area.
 - b. Please return the completed and signed form, to include the signature of the Department Chair, to Kathy Murray for review, approval and signature of the Principal. She will place it in the CHAPTS funding mailbox.
 - c. The signed request must be received by the Funding Committee by the deadline in order to be approved at the next CHAPTS Board of Director's meeting. Those dates can be found on the www.chapts.org website and in the mailroom.
 - d. If you would like the treasurer to send in the money to the vendor be sure to check the appropriate box, provide the name and address on the Request Form and fill out any required forms completely and clearly.
 - e. If you will send in the documents with the check the name and address of the vendor must be on the Request Form as well.
2. The number of students that will benefit for each request will be a point of consideration by the Funding Committee and should be noted on the form.
3. Requests:
 - a. Should be for educational purposes only.
 - b. Not a contribution to a fundraiser.
 - c. Not qualify for Tax Credit funds.
4. The request can be presented personally (optional) at a Board of Directors meeting and should be noted on the request form along with an approximate amount of time needed at the meeting.
5. All unused money will be returned to CHAPTS.

"The Chaparral High Association of Parents and Teachers Mission Statement is to support the Chaparral community by fundraising, volunteering time and allocating funds for the benefit of all students."

If you have any questions contact Glenda Schillinger at Chaptsfunding@gmail.com or 480-699-8389



CHAPTS TEACHER/STAFF FUNDING REQUEST FORM

Contact Glenda Schillinger at chaptsfunding@gmail.com or 480-699-8389 with any questions.

BUDGET WORKSHEET REQUIRED FOR REQUEST TO BE CONSIDERED. Please print clearly.

Department: _____ Date: _____

Request: _____

Reason for Request and when needed: _____

How many students will benefit from this request? _____

Other funding resources: _____

If the request is approved:

_____ I will purchase the item(s) and keep receipts to submit for reimbursement. (After notified of approval you will receive a *Teacher/Staff Check Reimbursement Form* to complete and return to the CHAPTS Treasurer)

_____ I will complete the order form (copy attached) for payment directly to the vendor by CHAPTS. (Fill out below)

_____ I will mail the check and order form to the vendor.

Make check payable to: _____

Address: _____

Phone: _____ Email/Website : _____

Contact Information:

Name: _____ Email: _____

Free period: _____ Phone (CHS): _____ Home/Cell: _____

Department Chair Signature

Principal's Signature

Remarks and disposition from the Funding Committee:

Recommended

Not Recommended

Deferred

Board Action:

Approved

Rejected

Deferred

Revised 8/2011

CHAPTS BUDGET WORKSHEET

REQUIRED ATTACHMENT TO TEACHER/STAFF FUNDING REQUEST FORM

Department: _____ Date: _____

Request: _____

List each item and associated costs for the request

Continue on the back if needed

	<u>Item</u>	<u>Price/item</u>	<u>Total</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.		Tax	_____
8.		Shipping	_____

Total Cost Requested _____

An accurate amount is required to avoid repeating the request process

Information submitted by: _____

Printed Name

Signature

Any comments or additional information:

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