Monte Vista Elementary School PTA Program Request

Name of Program:					
Date(s) of Program:					
Explain the Program:					
					4
# of Students Participating:				<u></u>	
Program Cost: \$					
If this program was partially funded by t	he PTA, how	would yc	u try to raise the	e additior	nal funds?
Requested By:			(Applicant must be	a current	MV PTA Member)
Phone:	Email:			<u></u>	
Date submitted to PTA mailbox:					
Initial Review by PTA President, and School Prine Request will be discussed at Executive B Additional information needed prior to Request Denied.	oard Meeting o	า;	President In	itial	Principal Initial
Executive Board Decision: Date: Approved/Payment Authorized. Executi Program Request for <u>full amount</u> reques Program Request for <u>partial amount</u> of the partial amount of the program Denied.	ve Board can au sted will be pres \$ w	ented at A iil be prese	ssociation Meeting	on: n Meeting o	>n:
Association Decision: Date: # of Yes votes: # of No votes: As per PTA Bylaws, the Association shall not assover into the succeeding term.	Pr	ogram Ap al obligatio	oroved on in any one term	Program D of office th	enied at will be carried