

**GATEWAY MIDDLE SCHOOL  
PTSA FACULTY GRANT REQUEST  
2009-2010**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Amount Requested up to \$50.00:** \_\_\_\_\_

**Items Purchased:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PTSA is offering this grant to assist you in providing necessary items for your classroom or department. You may combine grants with other staff members to purchase items for your department.**

**Please attach all receipts for your purchase to the back of this form. Requests will not be granted without receipts attached.**

**Please leave your request form in the Treasurer's mailbox in the mail room. All requests must be received no later than June 15<sup>th</sup> in order to be granted.**