



FMHS Bingo Funds Request Form



Name of group _____ Date: _____

Contact name, phone number and Email address:

Amount requested: _____

Prepare Verbal presentation to be done by COACH s)

Prepare Written and verbal proposal to include the following details

___ Date funds are needed: ___/___/20__

___ Define the Need (i.e. items): **Attach detailed description**

___ Fund-raiser events and results: **Attach description**

___ Reconciliation of funds utilized to funds awarded (**Bingo Committee will complete**)

___ 3 bids (Booster Club recommends utilizing Athletic Director for direction): **Attach**

___ Scheduled Bingo session (**Dates: ___/___/20__ , ___/___/20__ , ___/___/20__**)

(completed by bingo comm.)

Date Completed:

Initials of Board Member: _____

Awarded: ___ Yes ___ No

Confirmation of Funds Approval Returned to

Amount Awarded: \$_____.

Funds Utilized: \$_____.

Received copy of receipt of purchase_____

