

Somerset Friends of Music

P.O. Box 242 - Somerset, MA 02726

friendsofmusic1972@gmail.com

Funding Request Form

Today's Date: _____ Submitted By: _____ Amount: _____

Group: _____ Account to use: _____

Event & Date (if applicable): _____

Vendor(s) (if known): _____

Method of Funding Request Purchase:

- Check Cash Debit Card/Online Reimbursement

Reason for Funding Request:

Please provide an estimated list of item(s) to be purchased, with an estimated breakdown of item cost, and any estimated dates of purchase. If this request is for services to be rendered, please include the name of the provider. A W-9 is required for all independent contractors (self-employed). Upon completion, please return this form to the Coordinator of Fine & Performing Arts (if school activity related), then to the Treasurer or President for approval. Once approved, a copy of this form will be returned to the requestor, so this form's request number may be referenced in subsequent payment method form(s).

Requestor Signature: _____ Coordinator of F&PA Signature: _____

Internal Use:

FUNDING REQUEST # _____

Treasurer Approval: _____

(if over \$1,000) President Approval: _____

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Concert | <input type="checkbox"/> Jazz | <input type="checkbox"/> NESCC | <input type="checkbox"/> Fundraising: _____ |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Marching Arts | <input type="checkbox"/> Show Choir | <input type="checkbox"/> Scholarship: _____ |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Middle | <input type="checkbox"/> Strings | |
| <input type="checkbox"/> Festivals | <input type="checkbox"/> Musictown | <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Friends | <input type="checkbox"/> NESBA | <input type="checkbox"/> Trip Disney | |

School Activity? yes _____ no _____

Confirm Reimbursement by School? yes _____ no _____

