

SNAP Funding Request Form

Purpose of request: Vendor Check request – *bill/documentation attached*
 Expense Reimbursement – *original receipts attached*

Name of person making request _____ SNAP Committee _____

Signature _____ Date _____ Email _____ Phone _____

Request within SNAP Budget Yes No If no, please explain:

Please print. Make check payable to:

Name: _____

Address: _____

E-mail: _____ Phone: _____

Check Request Only Identify the purpose of the request:

Expense Reimbursement Only

Please list expenses below along with a description of the item and the committee to be charged for the expense (for tracking purposes). Include the event for which the items were purchased for, if applicable. Please attach all **ORIGINAL** receipts to this form and submit to the SNAP Treasurer.

Expenses to be Considered for Reimbursement:

Date	Description of Item	Event Number*	Committee Number*	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Additional Comments: _____ **Total Expense Reimbursement:** \$ _____

*
 1 = Advertising/PR 2 = Administration 3 = Decorating 4 = Entertainment 5 = Food 6 = Prizes 7 = Security/Staff 8 = Inventory
 9 = Volunteer Committee 10 = Registration 11 = Historian 12 = Other (explain above)

13 = Dancing with the Stars 14 = Dodgeball 15 = Individual Donations 16 = Business Donations 17 = Spring-Ford Live
 18 = Promfest 19 = Prom Tokens 20 = Mr. Spring-Ford 21 = Family Portrait 22 = Events Other (explain above)

For SNAP Treasurer's use:
 Date Received _____ Date Request to SFEF _____ Date Check issued _____ Check # _____ Amount \$ _____

Self-address stamped envelope attached Return to Treasurer for distribution Date distributed _____