

**REQUEST FOR FUNDS FROM MUSIC PARENT STUDENT  
ACCOUNTS**

(please print plainly)

STUDENT'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ AMOUNT REQUESTED \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

MAIL CHECK TO: \_\_\_\_\_

\_\_\_\_\_

PURPOSE: \_\_\_\_\_

STUDENTS SIGNATURE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DIRECTOR'S APPROVAL: \_\_\_\_\_

**THESE FUNDS MUST BE USED FOR AN APPROVED MUSICAL ACTIVITY. RECEIPTS MUST BE ATTACHED TO THIS REQUEST. COPIES OF RECEIPTS ARE ACCEPTED. THE STUDENT'S DIRECTOR MAKES THE FINAL DECISION AS TO THE APPROPRIATENESS OF THE USE OF THESE FUNDS.**

SEND THIS REQUEST TO: SALINE MUSIC PARENTS ASSOCIATION  
PO BOX 313  
SALINE, MI 48176  
ATTN: TREASURER