



**Permission for Extra Class Funds**  
*(Above \$25 budget amount)*

*To be filled out by Treasurer:*

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Class/Area: \_\_\_\_\_

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Breakdown of funds requested:

<b>Line #</b>	<b>Item</b>	<b>Subtotal</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	<b>Total Amount Requested:</b>	

Comments/Rationale:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_