

HCCC Professional Association: Committee Funding Request Form

Please complete and submit to the Professional Association President, Vice President, and Treasurer prior to committing funds.

Event Information	
Title of the Event:	Event Date:
Sponsoring Committee:	Event co-sponsors:
Purpose/Description:	
Target Audience:	Projected Attendance:

Anticipated Event Costs						
Item	Description	Provider	Cost	Requesting Use of the PA College Account	Requesting a Direct Check to Vendor	Paying Out of Pocket (Requesting Reimbursement)
Food & Refreshments			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printed Materials or Gifts			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers/ Performers			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total estimated cost:			\$			

Sources of Funding		
Check all applicable funding sources:	Description (items to be covered, any requirements or restrictions, other notes)	Amount Covered
<input type="checkbox"/> NJEA PRIDE or FAST grant		\$
<input type="checkbox"/> NJEA 35/65 funding		\$
<input type="checkbox"/> Co-sponsor(s):		\$
<input type="checkbox"/> Other:		\$
<p style="text-align: right;">Total amount covered: \$</p> <p style="text-align: right;">Total remaining cost to PA: \$</p>		

Submitted by: _____ Signature: _____ Date: _____

Approved by President ☐ Signature: _____ Date: _____

Approved by Vice President ☐ Signature: _____ Date: _____

Approved by Treasurer ☐ Signature: _____ Date: _____

Comments: