



P.I.E.
Partners in Education
Funds Distributions Request Form

Name (s): _____

Grade (s): _____

Requested Amount: _____

Date Needed: _____

_____ One Time Event _____ Recurring Event

How will the funds be used? Please attach any additional information: _____

APPROVED YES NO Date: _____ Initials: _____

Funded by: _____ PIE _____ River Run

Office: _____ Write Check _____ Transfer Funds

When requesting funds, please submit at least 30 days in advance.