



BEST BUDDIES FUNDING REQUEST FORM

Note: This form must be submitted to Best Buddies Head Office 15 days before your event.

School Name: _____ Contact: _____

Email: _____ Phone Number: _____

Type of Funding Request:

<input type="checkbox"/> Meet & Greet Start Up Funds	<input type="checkbox"/> Funds for 2 nd group event	<input type="checkbox"/> Funds for 3 rd group event
<input type="checkbox"/> Funds for 4 th group event	<input type="checkbox"/> Additional funds for group event	<input type="checkbox"/> Reimbursement (receipts must be attached)

Unique Card:

Does the chapter have a Best Buddies Unique Card? Yes No

If yes, indicate if you are requesting a Transfer OR Cheque (in place of a transfer)

Cheque Information:

Cheque Payable to School Name: _____ c/o: _____

OR Teacher/Chapter Executive Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Please provide the following information:

Number of people in your chapter: _____ Number of attendees at the event: _____

Date of the activity: _____ Location of event: _____

Describe the activity: _____

Total cost of event (include admission, food, travel and any other expenses): _____

Donations/Funds Raised: _____ Total Requested Funds: _____

HST Amount (if applicable) on Receipt (reimbursements only): _____

Submit all receipts to Head Office. Include a copy of the original sale receipt, not the debit or credit receipt.

For Best Buddies Head Office Use Only:

<input type="checkbox"/> Chapter Timeline and Budget Submitted	Approved by: _____
<input type="checkbox"/> Applications Received	<input type="checkbox"/> Cheque Sent Date: _____
<input type="checkbox"/> Roster Submitted	Cheque Number : _____
# of applications received: _____	<input type="checkbox"/> Unique Card Transfer Date: _____
Chapter Code: _____	<input type="checkbox"/> Online Transfer Date: _____
<input type="checkbox"/> Chapter Account <u>OR</u> <input type="checkbox"/> Best Buddies Account	<input type="checkbox"/> Bank Account Updated Date: _____