Fund Request No.

(FOB Use Only)

 **Request for Funding**

(Please note that all approved requests are valid for 3 months from date of approval. After this expiry date, the request must be submitted again for re-approval by FOB.)

 Name and EMAIL of Requestor Application Date

 Project and Justification (Amounts exceeding £2,000 require at least two competitive quotes)

Amount requested Signature of Requestor

**£**

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I confirm that the above request for funds from the Friends of Breaside charity is made in full awareness of its governing Constitution that, among other things, limits the charity in the provision of 'facilities and items' to ‘those not provided by Cognita Limited.'  The FOB Constitution is at [www.FriendsofBreaside.com](http://www.FriendsofBreaside.com)

Headteacher signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*(FOB Use Only) \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Approved by (names of voting Committee Members) – See Constitution for numbers required

Name and Signature of FOB Chair/Vice Chair

Name and Signature of FOB Treasurer

Approval Date Approval Amount