

Grant Request Summary



Organisation Name:	<input type="text"/>	Month:	<input type="text"/>
Contact Number:	<input type="text"/>		
Bank Details of the Organisation: <i>(PFT to pay to participating RSA/Organisation)</i>	Bank Account Name: <input type="text"/>		
	Bank Account Number: <input type="text"/>		

Applicant Name:	Claim Type: <small>(med,dental,eyes,travel..etc)</small>	Amount Claimed	Approved	Note
Welfare / Treatment Expenses Total:		\$	\$	

* These expenses have not been claimed from any other RSA or organisation
 * I understand and agree to being contacted to verify this summary for audit purposes

Name	<input type="text"/>	Signature	<input type="text"/>
	<i>RSA/Organisation Representative Name /position</i>		
Date Submitted	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>DD</i>	<i>MM</i>	<i>YY</i>

PFT Use Only Below

Comment	Total Approved
	\$

Name	Bob Pettis	Signature	<input type="text"/>
	<i>PFT Grant Committee</i>		<i>Signed by PFT Grant Committee</i>
Date Approved	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>DD</i>	<i>MM</i>	<i>YY</i>