



## TEACHER/STAFF STIPEND REQUEST

**All required fields marked with an\* must be completed in full.**

Applicant's First Name\* \_\_\_\_\_ Applicant's Last Name\* \_\_\_\_\_  
 Applicant's Email\* \_\_\_\_\_ Applicant's Phone \_\_\_\_\_  
 Department/Organization\* \_\_\_\_\_ If Other, Please Specify \_\_\_\_\_

Is this a new application for this stipend request? \*      Yes       No   
 If no, please provide the date of the original application      \_\_\_\_\_

### Detail Cost of Service(s) or Item(s) Purchased

Please detail below the cost for the items/services that you have purchased. Be sure to include all sales tax, shipping and handling fees as part of the total amount requested. You may list up to five items/vendors.

Item(s)/Vendor Name 1 of 5\*

\_\_\_\_\_

Description for item(s)/vendor(s) \*

\_\_\_\_\_

Unit cost of items/services before tax (\$) \* \_\_\_\_\_      Sales Tax (\$) \* \_\_\_\_\_

Shipping & Handling (\$) \* \_\_\_\_\_      Grand total cost of item/service (\$) \* \_\_\_\_\_

Item(s)/Vendor Name 2 of 5\*

\_\_\_\_\_

Description for item(s)/vendor(s) \*

\_\_\_\_\_

Unit cost of items/services before tax (\$) \* \_\_\_\_\_      Sales Tax (\$) \* \_\_\_\_\_

Shipping & Handling (\$) \* \_\_\_\_\_ Grand total cost of item/service (\$) \* \_\_\_\_\_

Item(s)/Vendor Name 3 of 5\*

\_\_\_\_\_

Description for item(s)/vendor(s) \*

\_\_\_\_\_

Unit cost of items/services before tax (\$) \* \_\_\_\_\_ Sales Tax (\$) \* \_\_\_\_\_

Shipping & Handling (\$) \* \_\_\_\_\_ Grand total cost of item/service (\$) \* \_\_\_\_\_

Item(s)/Vendor Name 4 of 5\*

\_\_\_\_\_

Description for item(s)/vendor(s) \*

\_\_\_\_\_

Unit cost of items/services before tax (\$) \* \_\_\_\_\_ Sales Tax (\$) \* \_\_\_\_\_

Shipping & Handling (\$) \* \_\_\_\_\_ Grand total cost of item/service (\$) \* \_\_\_\_\_

Item(s)/Vendor Name 5 of 5\*

\_\_\_\_\_

Description for item(s)/vendor(s) \*

\_\_\_\_\_

Unit cost of items/services before tax (\$) \* \_\_\_\_\_ Sales Tax (\$) \* \_\_\_\_\_

Shipping & Handling (\$) \* \_\_\_\_\_ Grand total cost of item/service (\$) \* \_\_\_\_\_

**Cost Summary - Total Cost of Services or Items Purchased**

Please include amounts from all of the items/vendors listed above. Be sure to include all applicable shipping, handling, and other charges. Note that PTSA cannot pay more than the amount requested and approved.

Total cost of items/service(\$)\* \_\_\_\_\_ Sales Tax(\$)\* \_\_\_\_\_

Shipping & Handling(\$)\* \_\_\_\_\_ Grand total cost of items/services(\$)\* \_\_\_\_\_

Have you received funding from PTSA or other sources for this stipend request in the past?\* Yes  No

If yes, please list source(s), date(s), and amount (s).

**Applicant Certification**

Upon completion of your application, please acknowledge and check the box below.

I certify and affirm that all information presented in this application is true and accurate

Applicant Signature

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\*Please attached copies of all purchase receipts along with the stipend application.

\*\*Please email the completed stipend application to [president@galileoptsa.org](mailto:president@galileoptsa.org).

\*\*\*Please contact [president@galileoptsa.org](mailto:president@galileoptsa.org) for any inquiry regarding the grant application.