

**Cienega High School**  
**CatFRAT Grant Request Form**

Requestor:	Date:
Grade / Department / Specialty:	
Amount Requested: \$	

Please briefly describe how the funds will be used:
If approved, to whom should the check be made payable? (If requesting a reimbursement, please attach a copy of the sales order or receipt.)

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Approval Amount: \$
By:		
CHS Principal		Date:
CatFRAT President		Date: