

Energy Activity Funds Application

Date: _____

Campus or Department: _____

Committee Representative: _____

Activity Description: _____ Cost Estimate: _____

Supplies Required and/or Prizes Requested: _____



Steering Committee Use	
Date Received: _____	Approved <input type="checkbox"/>
Date Approved: _____	
Actual Cost: _____	Declined <input type="checkbox"/>
(attach copy of receipt)	

Restrictions: Gift cards must be for a minimum of \$10 each. Please do not request Sonic gift cards. We have had trouble obtaining the quantities requested in previous years.

please email completed form to dhelm@aisd.net