

**NEWPORT SHROPSHIRE U3A**

**APPLICATION FOR FUNDING FOR INTEREST GROUP EQUIPMENT**

Group Name: .....

Group Contact: .....

Address: .....

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.....Post Code: .....

Telephone No: .....

Details of Equipment Required: .....

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Cost of Equipment: .....

Amount Applying For: .....

Brief Details of Equipment Benefit to Group: .....

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.....

Signed .....Date:.....

**FOR TREASURER'S USE:**

DATE APPLICATION PRESENTED TO COMMITTEE: .....

AMOUNT APPROVED: ..... REJECTED: .....

DATE FUNDS SENT TO CONTACT: .....

CHEQUE NO: .....

DATE RECEIPT RECEIVED FROM CONTACT: .....

EQUIPMENT ENTERED ON INVENTORY: .....