MEMBER CLUB REQUEST TO PURCHASE

Club Information

Member Club Name: _____

Primary Contact: _____

Position: _____

Email: _____ Phone: _____

Date of Request: _____

Purchase Request Details

Vendor/Supplier Name: _____

Description of Item(s) or Service(s): _____

_____

Total Amount Requested (including taxes and shipping): $_____

Select the Funding Source Requested

■ Annual SPAR Funding
Amount Requested: $_____

■ Strategic Grant Funding (as approved under the ARA Strategic Plan and SPAR requirements)

Amount Requested: $_____

■ AGLC Casino Funding
Amount Requested: $_____

Club Certification

The undersigned certify that the Club is a Member in Good Standing with the Alberta Rowing Association and that the purchase complies with applicable funding requirements and will be used for approved rowing-related purposes.

Club Approval

Authorized Representative #1

Name: _____ Position: _____

Signature: _____ Date: _____

Authorized Representative #2

Name: _____ Position: _____

Signature: _____ Date: _____

ALBERTA ROWING

ARA Use Only

Date Received: _____

Request Reviewed By: _____

Funding Source Confirmed: _____

Amount Approved: $_____

■ Approved ■ Approved with Conditions ■ Declined

Comments: _____

ARA Authorized Signatory #1: _____

ARA Authorized Signatory #2: _____