

**FIRST DISTRICT PTA
PROJECT FUNDS CARRY-OVER SUBSTANTIATION FORM**

(To be completed if unit carries over project funds from the current PTA year to the next year)

Unit Name: _____ **Council:** _____

Amount to carry over: \$ _____

Held in: ___ Line Item in Checking/Savings Account ___ Separate Bank Account

Bank Name _____ Account #: _____

Project Description

- Purpose/Need for Project (attach additional documentation if necessary)

- Inception date of project: _____
- Financial goal: \$ _____
- Changes to project (include minutes that document approval of changes)

Approval Dates (Note: Carry-over funds must be re-approved each year)

- PTA Executive Board _____
- PTA Association _____ (include copy of minutes)

Approval Signatures

UNIT	President	Recording Secretary	Treasurer
Signature	_____	_____	_____
Date	_____	_____	_____

COUNCIL	President	Auditor
Signature	_____	_____
Date	_____	_____

DISTRICT	President
Signature	_____
Date	_____