



ALLOCATION FOLLOW-UP FORM

School: _____ Principal: _____

Date of Allocation Approved: _____

Amount of Allocation: _____

Brief Description of the Original Request:

TYPE OF EXPENDITURE	AMOUNT
TOTAL:	

Please complete this form and return to The Angel Foundation for Learning once all funds have been used, or, at least within two months of receipt of funds allocated. Send this form through the inter-office courier to: Joan Lovell, The Angel Foundation for Learning, CEC.

***Original receipts** and/or supporting materials must be attached. Please call Joan Lovell at 416.222.8282 Ext. 2844 for further information or clarification.

PRINCIPAL'S SIGNATURE: _____ **DATE:** _____