



Request For PTO Funds

Name of School: _____

Person Requesting Funds: _____

Amount Requested: _____ *Date Requested:* _____

Funds Needed by: _____

Requested Funding: _____

Beneficial Impact: _____

Other Sources of Funding: _____

Number of Students Funds Will Impact: _____

Principal Signature: _____ *Date:* _____

Complete this form and return to the V.P. of your school for Board Approval

PTO Use Only

Approved:

Denied:

President Initials:

Date:

