



**Fountain Hills Unified School District**

## Request For PTO Funds

Name of School: \_\_\_\_\_

Person Requesting Funds: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Funds Needed by: \_\_\_\_\_

Items to be Purchased with Funding:

\_\_\_\_\_  
\_\_\_\_\_

Beneficial Impact:

\_\_\_\_\_  
\_\_\_\_\_

*Complete this form and return to the V.P. of your school for PTO Board Review/Approval.  
Forms will not be reviewed or approved without Principal signature.*

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*PTO Use Only:*

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ President Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Purchased by District or PTO: \_\_\_\_\_