REQUEST FOR FUNDS FORM

General Request

Sections 1-2 must be complete by applicant. Submit form along with supporting documentation Attn: PTA Treasurer to the PTA mail drawer in the school office.

1

NAME: (Whom reimbursement should be made payable to)

WHO CHECK SHOULD BE MADE PAYABLE TO IF DIFFERENT THAN ABOVE:

2

AMOUNT REQUESTED:

DETAILED DESCRIPTION OF WHAT FUNDS WILL BE USED FOR: (Include size, color, brand, model, etc.)

DETAILED DESCRIPTION OF STUDENTS THAT WILL BENEFIT:

MUST attach three (3) estimates for non-specialized goods or services that can be provided by multiple suppliers.

Sections 3-4 **FOR PTA USE ONLY:**

3

REQUEST FOR FUNDS APPROVED?

☐ **YES** ☐ **NO** *(if yes, complete Section 4)*

REASON FOR APPROVAL DECISION:

4

CHECK MADE PAYABLE TO:

CHECK NUMBER: AMOUNT:

PTA TREASURER SIGNATURE: DATE: