



PTO - REQUEST FOR FUNDS

(Name of Individual Requesting Funds)		(best contact email/phone)	
PTO Expense Reimbursement		Staff Enrichment Fund Request	
(Expense included in Budget) YES / NO	(Project/Committee)	(Quantity of Students Impacted)	(Grades Impacted) K 1 2 3 4 5 6
(Date Requested)	(Check Mailing Address for reimbursement, if applicable)		

☐ Mail Check to above Mailing address (Receipt, Invoice or Purchase Order must be included with this request form.)
☐ Hand deliver to school. (Receipt, Invoice or Purchase Order must be included with this request form.)
☐ Purchase using PTO Debit Card online (link must be provided).

(Check Payable to / Place Purchasing from)	(Items Purchased/Requesting)	Amount \$

Staff Enrichment Fund Requests NOTE:							
Please provide an explanation for your request which needs to include how students will be impacted and the type of enrichment this purchase will provide. The explanation will be read by the PTO Board in an effort to determine if the enrichment is approved. The requests MUST be submitted to the Principal or Vice Principal 30 days prior to the PTO General Meeting.	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; padding: 5px;">Subtotal:</td><td style="border: 1px solid black; width: 50px;"></td></tr> <tr><td style="border: 1px solid black; padding: 5px;">Shipping:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black; padding: 5px;">Total:</td><td style="border: 1px solid black;"></td></tr> </table>	Subtotal:		Shipping:		Total:	
Subtotal:							
Shipping:							
Total:							

(Date Received)	Administrator Approval (Enrichment Requests Only)
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