

# Funds Request

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## A. General Information

Personal Reimbursement (Receipts Required)

OR

Invoice Payment

Make Check Payable to:

Check Amount:

\$ \_\_\_\_\_.

Delivery Method (Choose One)

School Mailbox  
(Faculty)

\_\_\_\_\_ *c/o* \_\_\_\_\_  
Teacher's Name Student's Name

US Postal Service  
(Complete Address Information)

Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B. Activity/Event Detail

\_\_\_\_\_  
Activity/Event Name

\_\_\_\_\_  
Date

Item Detail:

- |    |       |          |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |
| 4. | _____ | \$ _____ |

## C. Approval

Approved  Denied

\_\_\_\_\_  
PTO President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Fund: Principal Signature

\_\_\_\_\_  
Date

## D. Treasurer

Check Number: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Documentation Included