



# Request for Funds

**Requester's Name and Phone Number:**

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**Please describe your request and how funds/purchased items will be utilized. How many students will be impacted? What grade levels will be involved? Will these items need to be purchased again in the future? Please attach any relevant item descriptions/prices that you may have researched.**

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**Desired delivery date of items/funds:**

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***Total Amount Requested:***

**\$** 

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**Signature of person requesting funds**

**Date**

\*Submission of this request does not guarantee approval of funds. The PTO Executive Board will review requests and the budget for possible funding.

\*According to PTO bylaws, all single item purchases over \$1000 must be voted upon at a PTO meeting. All purchases over \$3000 must have 3 bids/estimates for consideration and voting.