



FUNDING REQUEST FORM

DISCRETIONARY FUNDS

DISCRETIONARY TEAM _____

YOUR NAME _____ POSITION _____

E-MAIL _____ PHONE () -

ITEM OR SERVICE REQUESTED ESTIMATED COST \$ _____

HOW WILL THIS PURCHASE ENHANCE THE CURRICULUM?

REQUESTOR _____ DATE / /

PRINCIPAL'S APPROVAL _____ DATE / /

FOR PTO TREASURER USE ONLY

CURRENT TEAM BALANCE AS OF / / \$ _____ SUFFICIENT FUNDING: YES _____ NO _____

ADDITIONAL FUNDING APPROVAL AT MEETING ON / /

BALANCE AFTER FUNDING THIS REQUEST \$ _____

APPROVED BY PTO TREASURER: _____ DATE / /