

PTA[®]
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Funding Request

Date Submitted: _____ Date Needed: _____ (please allow a minimum of 14 days)

Name/Team: _____ Contact info: _____

Current PTA Member? y n Circle one: staff parent other

Amount of Request: _____ How many students will benefit: _____

Purpose of funds: *Provide supporting documentation/quotes & how school/students will benefit*

Please return to PTA mailbox or submit via email to stiles@my-pta.org

For PTA use only

Date presented to PTA Board: _____

Action taken: Approved Not Approved Pending

Amount approved: _____ (Please submit receipts to PTA within 14 days of approval)

Comments: _____

President's Signature

Date

Principal's Signature

Date

White- Treasurer

Yellow- President

Pink- Secretary