

LANCASTER PTO
REQUEST FOR FUNDING/PAYMENT FORM

FORMS MUST BE SUBMITTED 2 WEEKS PRIOR TO MEETING IN ORDER TO BE CONSIDERED

School Name: _____

Contact Person: _____ Phone Number: _____

Email: _____

Description of Service (event, field trip, activity, etc.): _____

Grade level/Classroom funds will assist: _____

Total Cost of Service (event, field trip, activity, etc.): _____

Amount Requested from PTO: \$ _____

Other Resources secured/requested to support this service (please identify sources and amounts):

<u>Source</u>	<u>Amount Requested</u>	<u>Amount Granted</u>
_____	\$ _____	\$ _____

*To Whom the Check Should be made out to: _____

*Address to send the check to: _____

*Date Payment Needed By: _____

PTO Approval:

Signature of PTO President

Date

Signature of Treasurer

Date

***Funds will not be dispersed until the requester is physically present at the monthly PTO Meeting and the request has been approved. Checks for payments will be left with the secretary at the appropriate school office.**

***Recipients are strongly encouraged to return with a presentation to the PTO Meeting following the event. Thank You.**

For PTO Use Only:

Date Paid: _____ Check Number: _____ Amount Paid: _____