

# Funding Request Form

South Arbor PTO

DATE OF REQUEST: \_\_\_\_\_

<b>Filled Out by Requester</b>	COMMITTEE/CONTACT PERSON:	PHONE: (       )       -
	DATE NEEDED: /       /	AMOUNT REQUESTED: \$
	PROJECT:	
	DETAILED REQUEST:	
	PAYEE:	CHECK AMOUNT: \$

<b>PTO Review</b>	ON PTO AGENDA – MEETING DATE: /       /	PTO MEMBERSHIP VOTE: Approved                      Not Approved
	COMMENTS:	

<b>Funding Disbursement</b>	ACTUAL CHECK AMOUNT \$	CHECK NUMBER:
	CHECK MADE OUT TO:	CHECK DATE: /       /
	CHECK WRITTEN BY:	Invoice/Quote                      Paid Receipt

CHECK RECEIVED BY:	DATE: /       /
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