

Williams PTO

TEACHER/STAFF REQUEST FOR PTO FUNDS FORM

Teacher/Staff Name: _____

Item or Services Requested: (please attach a description or any other pertinent information) _____

Cost: _____

Explain the educational benefit of this item: _____

Who will use this item: (entire grade, your class, entire school)

Principal's Signature: _____

Date: _____

SECTION BELOW TO BE COMPLETED BY PTO BOARD MEMBER ONLY

Date received: _____

Date presented to PTO and voted on: _____

Final action taken:

