

**TYNGSBOROUGH PARENT TEACHER ORGANIZATION  
REQUEST FOR FUNDING**

(Use when requesting new grants-non-budgeted items)

Name: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Date Required: \_\_\_\_\_

Who is this to benefit? Please be specific: School(s), Grades(s), Classroom(s), other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe items/services to be purchased. Please include how this will enhance the education of the students and meet PTO goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be purchased from (if known at this time): \_\_\_\_\_

\_\_\_\_\_

**PAYMENT INFORMATION:** Please forward to your school PTO Representative:

- The original invoice
- A copy of the invoice to be mailed with payment
- The packing list; and
- A copy of this approved request or note referring to it.

Payment will be mailed as directed on invoice.

- If other payment method is required:

• Make Payable to: \_\_\_\_\_

• Date Needed: \_\_\_\_\_

**Approval**

All requests for funding must be approved by your school principal.

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

At least one week prior to the next scheduled PTO meeting, please return this completed form to the PTO Representative for your school. This request will be placed on the meeting agenda and you are invited to explain the request in detail at that time. Thank you.

**PTO USE ONLY**

Date Received: \_\_\_\_\_

Approved at meeting on: \_\_\_\_\_

Other: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_