

## **Teacher/Staff Request for Funds Form**

## **Glenwood Elementary PTO**

Please complete this form, including Principal approval signature, if applicable and place in PTO mailbox. For questions, contact ptoglenwood@yahoo.com

This is a: (1) Reimbursement for Money Spent ( <u>Receipts Attached</u> ) <b>OR</b> (2) Request for Future Payment				
YOUR NAME:	PH	IONE:		
PROJECT/CATEGORY:			OR FUNDS REQUEST:	
AMOUNT:	DF	DATE SUBMITTED TO PTO:		
MAKE CHECK PAYABLE TO:				
CHECK DELIVERED TO:	_STAFF MAILBOX	OR	MAIL TO ADDRESS:	
For School Use:				
Approved by (Principal Signature)			Date:	
Approved by (Finicipal Signature)				
For PTO Use:				
Included in Annual Budget			Approved at Meeting Date:	
Approved by (PTO Officer)	Date:		Approved By (PTO Office)	Date:
Paid Date:	Check No.		Delivered Date:	