



**PTO REQUEST FOR SUPPORT OR REIMBURSEMENT**

Staff Requesting: \_\_\_\_\_ Date: \_\_\_\_\_

School Location: \_\_\_\_\_ Grade & Class: \_\_\_\_\_

Number of Students Reached: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Recurring Request: Yes or No (circle one) If Yes, how often: \_\_\_\_\_

Information/Request:

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

\_\_\_\_\_  
Teacher/Staff Signature

\_\_\_\_\_  
VP or Principal

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For Approval Purposes only:

\_\_\_\_\_  
PTO Board Member

\_\_\_\_\_  
Date

Please return to the PTO mailbox upon completion!