

Ingleside Middle School
PTO REQUEST FOR FUNDING 2016-17

Date _____

Name _____

Committee / Position: _____

Phone: _____ Email: _____
: _____

Amount Requested: \$ _____ Date Funds Needed: _____

Make Check Payable to: _____

Address: _____

Is check to be mailed directly to Payee at the above address: Choose an item.

If no, please provide instructions for getting check to you: leave in office (which box) or mailed to you (provide address)

1. Staple or include all pertinent materials and information regarding this request to this form (i.e. receipts, invoices, order forms, registration forms).
2. Submit this form to the Committee Chair for their signature (unless being submitted by Committee Chair).
3. Leave request in the Treasurer Mailbox in the office or Email form & images of receipts to TREASURER@INGLESIDEPTO.COM

Any questions, contact Jennifer Gough at treasurer@inglesidepto.com or 623-695-2151

IF YOUR REQUEST EXCEEDS THE BUDGETED AMOUNT, THIS MUST BE VOTED ON AND APPROVED BY THE PTO EXECUTIVE BOARD PRIOR TO REIMBURSEMENT.

Explanation of request:

Committee Chair Signature Date

Signature of Requestor (if different than Committee Chair) Date

FOR TREASURER USE ONLY:

Date paid: _____
Check #: _____
Budget Item: _____