

PTA Funding Request Form

Person or Group making request: _____

Description of item/project:

Detailed Cost Estimate (Please include catalog #, store name, etc. where applicable)

Who will benefit from this item/project? _____

Will volunteers be used/needed to implement project? Yes No

Date this item/project is needed: _____

Date request submitted: _____

PTA Review date: _____

Comments/Questions: _____

_____ Approved _____ Denied _____ Additional information needed