



# REQUEST FOR FUNDS

## From your PTSO

Attn: Woodgrove High School PTSO Board

From: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
**Teacher Name/Group/Club**

### **Purpose of Funds - Please provide a detailed explanation**

Upon completion of this form, please submit copies to Dr Shipp, Teresa Holland and in the PTO Mailbox. You will be contacted in a timely manner. All grants are subject to the approval of Dr Shipp.

\_\_\_\_\_  
Categorize your need: Event    Project    Assembly    Field Trip    Supplies only

Is this a Long term or Short term Goal / Event / Project / Need? \_\_\_\_\_

Approximately how many students will benefit? \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_    Date Funds are Needed: \_\_\_\_\_

*Have funds been allocated from other sources?* No Yes **If yes, how much?** \_\_\_\_

We ask that you present your request in person or send a representative on your behalf to explain your request & to answer any questions. All requests for funds will be presented at the PTSO Board of Directors meeting and decisions will be made in a timely manner.

**\*\*\*\*Please note: To comply with IRS requirements for Non-Profits PROOF OF ALL EXPENDITURES MUST BE PROVIDED**

Payee: \_\_\_\_\_ Deliver funds to: \_\_\_\_\_

Funds approved date: \_\_\_\_\_ Amount of Funds: \_\_\_\_\_

Check(s) # \_\_\_\_\_ Date check(s) delivered or mailed: \_\_\_\_\_

President \_\_\_\_\_ Treasurer \_\_\_\_\_

Principal \_\_\_\_\_