

Request for PTM Funds

Date Submitted: _____ Date Needed: _____

Amount Requested: _____

Name of Individual
Requesting Funds: _____ Phone/email: _____

Committee/Function Funds To Be Used For: _____

Specific Use of Funds: _____

Make Check Payable To: _____

Address (If check is to be mailed): _____

*****If paperwork needs to be mailed with the check, please include an extra copy*****

Principal Approval (Teachers only): _____ Date: _____

Comments/Special Instructions: _____

PTM Exec Board Approval: _____ Date: _____

Check No. _____ Date Paid: _____ Account: _____

QB