TEACHER/STAFF FUNDS REQUEST FORM

Note: Attach quotes, receipts, invoices and any other supporting documentation to this request.

Date of Request: _____

Teacher/Staff Name: _____ Grade Level or Dept. _____

Email: _____

Please describe the program or project for which you are requesting PTO funds:

_____

_____

_____

How many Wilder students will this request impact? _____

Total of department, school or program contribution towards this request: $_____

Total amount being requested from the Wilder Elementary PTO: $_____

Detailed List of Items	Vendor Name	Estimated Cost
	Total:	

This proposal was reviewed and approved on: _____

Principal's signature (Required): _____

PTO Use Only:

____Approve ____Approved with conditions ____More information needed ____Denied

Please make any additional notes on the back of this page.