



# Trail Wind PTO

SUPPORT - SERVICE - COMMUNITY

## FUNDS REQUEST FORM FOR STAFF

Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Funds Requested For: \_\_\_\_\_

Cost of Program/Materials (Please attach documentation of prices)

Item	Quantity	\$/each	\$/total

Total Costs: \_\_\_\_\_

Submitted to Mrs. Boyd on Date: \_\_\_\_\_

Approved  Not Approved Signed by Mrs. Boyd \_\_\_\_\_

Submitted to TW-PTO Board to be put on the next meeting agenda.

Date: \_\_\_\_\_ Signed by PTO President \_\_\_\_\_

Staff member contacted to make sure they will be in attendance to present this request to membership or have made arrangements with Mrs. Boyd so that she may present this request.

Voted on at Membership Meeting on Date: \_\_\_\_\_

Approved

Not Approved at this time