

# Field School PTA - Request for Funds

Field PTA is a fund-raising, community building, volunteer recruitment committee serving the staff, students and parents of Field School. Anyone requesting funds from the Field PTA is asked to complete this form so we have documentation as to how our funds are utilized for the betterment of our community. Thank you for your assistance with this process. **Note:** All information regarding your request will be confidential.

## DIRECTIONS:

Please send this **completed form** to the PTA Secretary via the **PTA mailbox in the Field School office**.

Note: All requests will be reviewed at the next monthly PTA Board meeting. **Thanks.**

**\* Upon approval, receipts must be received before a check will be issued.**

Today's Date: \_\_\_\_\_

## Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(email will be used to communicate)

## Nature of Request:

Please help us understand your request by checking the appropriate box below:

Field Trip Request

Facility Improvement

Committee Expense, Committee: \_\_\_\_\_

Scholarship Request

Staff Grant Request

Other Request: \_\_\_\_\_

Please indicate if your request is an  Item that will stay in the school classroom  Consumable Item, or  C

**Short Description:** (Please indicate either the event/activity name, reason for request, or how the monies will be utilized.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Funds Requested:

Total Amount Requested\*: \_\_\_\_\_

Date by which funds are needed: \_\_\_\_\_

Estimated shipping costs, if applicable: \_\_\_\_\_

\* Total amount must include shipping costs, if applicable.

**To whom should the check be made out to if not the same as the requestor:** \_\_\_\_\_

Have you checked any **alternate sources** of funding (e.g. donation)? If so, please indicate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please **attach** a copy of your **receipt(s)** or **invoice** to this form. If you do not have a receipt(s) please indicate why below:

\_\_\_\_\_  
\_\_\_\_\_

## For PTA use only:

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Check #:

Amount:

Activity/Committee/Person:

---

ool.  
ed for the  
e kept

---

---

: with Requestor)

---

Other

---

---

---

---

---

---

---

---

---

---

---

