

ROSS PTO
FUNDS REQUEST FORM

Date: _____

Request By: _____

E-mail Address: _____

Phone: _____

Committee/Grade Level: _____

Purpose for Funds: _____

MAKE CHECK PAYABLE TO: _____

When submitting a bill for goods/services or a receipt(s) for reimbursement, please attach a copy of the bill and/or receipt(s) AND itemize and total in space below:

| Date | Item | Category | Amount |
|-------|------|----------|--------|
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| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

Check Delivery Method:

Mail: ___ Address: _____

Student: ___ Childs name: _____

Room #/Teacher: _____

Other: ___ Details: _____

For Treasurers use only:

Category: _____ Check #: _____ Dated: _____ Logged: _____