

SPHS 2018/2019 Funding Request Form

Please submit prior to the 15th of each month. Our meetings are on the 3rd Tuesday of each month.

Your Information

Name: _____ Date: _____

Email Address: _____

Department: _____

Request Information

Amount Requested: _____

Vendor Name/Phone Number: _____

Address: _____

Requested Item Information

Quantity: _____

Item(s) & Description: _____

Cost, each: _____ Tax: _____

Shipping/Handling: _____ Total: _____

Reason for Request (please provide justification for request, reason for request, and/or how the item will provide benefit)

Are you a PTSO member? _____ **Yes** _____ **No**

It is not necessary to be a PTSO member to make a request.

Principal's Signature

Date

PTSO Use

Date Received: _____ Vote Date: _____ Approved? _____