

**GLENWOOD PTO
TEACHER/STAFF
REQUEST FOR PTO FUNDS FORM**

Teacher/Staff Name:

Item or Services Requested: (please attach a description or any other pertinent information)

Cost:

Explain the educational benefit of this item:

Who will use this item: (entire grade, your class, entire school)

Principal's Signature:

Date:

SECTION BELOW TO BE COMPLETED BY PTO BOARD MEMBER ONLY

Date received:

Date presented to PTO and voted on:

Final action taken: