



HCE PTO Fund Request

Contact Information

Date of Request: _____ Department: _____

Name/Position: _____

Phone Number: _____ Email Address: _____

Fund Request Details

Amount of request: \$ _____ Date Funds Required: _____

Explain details of how the funds will be used. Include specifics such as what will be purchased, how many teachers and/or students will benefit, any measured outcomes and why additional funding support is needed. The request should also be discussed with the principal to ensure other sources of funding are not available or appropriate.

Upon receiving funds from HCE PTO, it is requested that you attempt to publicize receipt of funds by either classroom newsletter, public newsletter or other means. All items purchased with PTO funded monies become property of HCE PTO and are to stay at the site which the items were purchased for. By signing below you agree with the above conditions.

Requestor Signature: _____

Principal Signature: _____

For PTO Office Use Only:

PTO President: _____ PTO Appropriations Chair: _____
_____ approved; _____ denied. If approved, amount: \$ _____;

Reviewed at PTO Meeting _____ Yes _____ No; Date of Meeting: _____