

Fountain Hills Unified School District



Parent Teacher Organization

Request For PTO Funds

Name of School: _____

Person Requesting Funds: _____

Amount Requested: _____

Date Requested: _____

Funds Needed by: _____

Items to be Purchased with Funding:

Beneficial Impact:

*Complete this form and return to the PTO mailbox.
Forms will not be reviewed or approved without Principal signature.*

Principal Approval: _____ Date: _____
<i>PTO Use Only:</i> Approved: _____ Denied: _____ President Initials: _____ Date: _____

Purchased by District or PTO: _____