

PORTA P.T.A Funding Request From

Name of organization/individual(s) requesting funds: _____

Address: _____

Telephone: (____) _____

Purpose of Request: _____

*** Please attach a copy of a description of item(s)*

For Grade(s): _____ No. of students benefited: _____

Dare when funds are needed: _____

Amount requested: \$ _____

Check should be made payable to: _____

Principal Signature: _____

The decision to honor your request remains with PTA. However, by showing this to your principal, you may become aware of other available funds

For PORTA P.T.A. Use Only:

Accepted: Yes ___ No ___

If not accepted why? _____

Signatures:

(officer) Date

(Chairman, Finance Committee) Date
