

# MHMS PTO Sub-Committee Funding Request

Please fill out this request form with as much information as possible. Attach estimates if any. Allow for 4 weeks for Board response. Board review does not guarantee dispensation of funds.

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Sub Committee: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Email: \_\_\_\_\_

If No, please provide details why the budget has been exhausted: \_\_\_\_\_

Funding Needed by: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Requested: \$\_\_\_\_\_

Details of Expenses: \_\_\_\_\_

Signatures of two sub-committee members including chairperson

Chairperson: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## NOTE:

All receipts must be submitted within 2 weeks of the expenditure to the PTO Board Treasurer

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**Administrative Use Only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Board Review: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Approved ☐ Not Approved

Signature: \_\_\_\_\_ Board Position: \_\_\_\_\_

If not approved, reason: \_\_\_\_\_