



**FUND REQUEST FORM**

ACTIVITY/PROJECT TITLE: \_\_\_\_\_  
Target Date: \_\_\_\_\_  
Funds Needed by: \_\_\_\_\_  
Participants/Person to be impacted by project/program: \_\_\_\_\_  
Amount: \_\_\_\_\_

Particulars:

	ITEM	AMOUNT	QTY	NOTES
1				
2				
3				
4				
5				

Fund Category: ☐ PTA activity/project  
☐ PTA Supplies  
☐ PTA-funded/sponsored  
☐ Grade-Level activity/project  
☐ Special Program activity/project  
☐ Organizational activity/project

Source of Fund: ☐ PTA General Fund  
☐ Grade Level/Special Program \_\_\_\_\_  
☐ Organization Fund  
☐ SSG  
☐ School Paper  
☐ Contingency  
☐ Salary  
☐ Anti-TB  
☐ Mutual Aid  
☐ Others, Please specify \_\_\_\_\_

ATTACHMENTS:

☐ Approved Project Proposal  
☐ Training Matrix/Design  
☐ Quotation  
☐ Concept Paper  
☐ Action Plan  
☐ Minutes of the Meeting  
☐ Others, Specify  
\_\_\_\_\_  
\_\_\_\_\_

How will this benefit the Children/School \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requesting Officer/Teacher:

_____ Signature over Printed Name	_____ Position/Designation	_____ Date
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Recommending Approval:

_____ Signature over Printed Name	_____ Position/Designation	_____ Date
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-----PTA-Board Official Use Only-----  
Motion voted on \_\_\_\_\_ ☐ Pass ☐ Fail

Approved:

_____ Signature over Printed Name	_____ Position/Designation	_____ Date
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