

PTSO Request for Funds

Contact Person: _____

Staff/Students Impacted by the decision: _____

Date: _____ Amount Requested: _____

Rationale:

.....

PTSO ACTION

_____ Approved for Full Amount ☺

_____ More Information Needed (see explanation below)

_____ Partially Approved (see explanation below)

_____ Request Denied (see explanation below)

Explanation:

PTSO Representative