

**PTA**<sup>®</sup>  
everychild.onevoice.<sup>®</sup>  
**Funding Request**

Date Submitted: \_\_\_\_\_ Date Needed: \_\_\_\_\_ (please allow a minimum of 14 days)

Name/Team: \_\_\_\_\_ Contact info: \_\_\_\_\_

Current PTA Member?  y  n Circle one:  staff  parent  other

Amount of Request: \_\_\_\_\_ How many students will benefit: \_\_\_\_\_

Purpose of funds: *Provide supporting documentation/quotes & how school/students will benefit*

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*Please return to PTA mailbox or submit via email to [stiles@my-pta.org](mailto:stiles@my-pta.org)*

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For PTA use only

Date presented to PTA Board: \_\_\_\_\_

Action taken:  Approved  Not Approved  Pending

Amount approved: \_\_\_\_\_ (Please submit receipts to PTA within 14 days of approval)

Comments: \_\_\_\_\_

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\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

White- Treasurer

Yellow- President

Pink- Secretary