

Sowams School PTO Request for Funds

Date of Request: _____ Date Check Needed: _____

Requested by (your name): _____

Your Phone/email address: (Fill in only if new to Sowams) _____

Check Payable To:

NOTE:
For individuals, original receipts must be attached for reimbursements.
For payments to a company, an invoice with a company name and address must be attached.

Amount of Check: \$ _____

Description/Purpose: _____

Mail Check to: _____

Project to Be Charged

- | | | |
|----------------------------|---------------------------|---------------------------|
| ___ Arts Alive | ___ Hospitality/Childcare | ___ School Store |
| ___ Book Fair | ___ Insurance | ___ Spring Fling |
| ___ Box Tops for Education | ___ Kids in Motion | ___ Staff/Faculty |
| ___ Celebration Picnic | ___ Library | ___ Appreciation Week |
| ___ Courtyard and Grounds | ___ Octoberfest | ___ Sowams Speedway |
| ___ Directory | ___ Operations/Postage | ___ Teacher Fund |
| ___ Extended Day | ___ Outdoor Day | ___ Third Grade Reception |
| ___ Family Math/Science | ___ Playground | ___ T-Shirt Fundraiser |
| ___ Field Trips | ___ Principal's Fund | ___ Voilin |
| ___ Fine Arts | ___ Publishing Center | ___ Yearbook |
| ___ Gift to School | ___ Reading Week | |
| ___ Green Team | | ___ Other (specify) |

Please leave this form and attached documentation in the Treasurer's envelope located in the office.

For Office Use Only

Check # _____ Date: _____

Date Posted in PTO Folder: _____

