Teacher PTO Funds Request Form
Desert Sage Elementary PTO, Inc.
4035 W Alameda Rd 85310

Name _____ Date _____

Amount Requested _____ Grade _____

Reimbursement from school account? Yes _____ No _____

Description of Request: Please be specific regarding dollar amount and/or specific items wanted with copy of picture if possible.

_____

_____

_____

This Request Benefits (ie: class, grade level, # of students, etc.) _____

*Please be aware: Requesting teacher must be a PTO member and must be in attendance for request to be considered. Any questions, please contact PTO at desertsagepto@gmail.com .

Principal Approval required before presenting at PTO meeting.

Principal Signature _____

To be filled out by PTO

Date voted on _____ Requesting teacher in attendance _____

__ Principal Approved __ PTO Approved __ PTO Disapproved

Reason not approved:

_____

Check # _____ Check date _____ Budget Category _____