Humphrey PTO Funds Request Form

Name	Request Date	
Describe in detail the p	urpose for this funding request	t.
Estimated cost:		
Quote Attached?	res No	
Check Payable to:		
Number of students ber	nefitting:	
Is this a one-time purch	ase or an annual need?	
	m electronically to Julie Wrigh	
place a nardcopy in the	red folder in the PTO mailbox. response.	. Please allow one week for
Received Date:	Request Received by:	
Board Member Approval:		Date:
Board Member Approval:		Date:
	Check Received by:	
If applicable:		
Reason Not Approved	<u></u>	