

Pittsfield Elementary Parent Teacher Organization

Fund Request Form

Date: _____

Teacher: _____ Grade: _____

Activity or item the funds are being requested for: _____

Total amount requested: _____

Number of students _____ + Admission/per student _____ = _____

Transportation Costs _____

Other Costs: please explain _____

Please submit the actual detailed cost 10 days prior to needing a disbursement check from PTO.

Signature of Person Completing Form
