

LANCASTER PTO
REQUEST FOR FUNDING/PAYMENT FORM

FORMS MUST BE SUBMITTED 2 WEEKS PRIOR TO MEETING IN ORDER TO BE CONSIDERED

School Name: _____

Contact Person: _____ Phone Number: _____

Email: _____

Description of Service (event, field trip, activity, Grade Level, etc.):

Total Cost of Service (event, field trip, activity, etc.): _____

Number of Students attending: _____ Amount Per Student is paying: \$ _____

Amount Requested from PTO: \$ _____ Cost to PTO Per Student: \$ _____

****ALL FIELD TRIP INFORMATION TO PARENTS NEEDS TO INCLUDE "A PORTION OF THIS TRIP WAS PAID BY THE LANCASTER PTO"**

*To Whom the Check Should be made out to: _____

*Address to send the check to: _____

*Date Payment Needed By: _____

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PTO Approval: PTO AGREES TO PAY \$ _____

Signature of PTO President or VP

Date

Signature of Treasurer

Date

***Funds will not be dispersed until the requester is physically present at the monthly PTO Meeting and the request has been approved. Checks for payments will be left with the secretary at the appropriate school office.**

***Recipients are strongly encouraged to return with a presentation to the PTO Meeting following the event. Thank You.**

For PTO Use Only: Date Paid: _____ Check Number: _____ Amount Paid: _____
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