



Maple Creek Parent Teacher Club Request for Funding

Date: _____

Name of Person/Grade Level/Group: _____

Amount of Request: _____

Description of Request:

Was This Item/Service Budgeted* by PTC for This School Year? Yes No Not Sure

**please note that Grade-Level Allowances are considered budgeted items*

If not, please provide explanation:

Requestor's Name

Requestor's Signature

Principal's Approval

Date

Will the request be presented at the next PTC Meeting?

No Yes Name of Representative Attending Meeting: _____

Please complete the information above including principal's approval. Once approved, contact PTC President to add request to meeting agenda. Bring form and any supporting documentation to meeting. Please retain a copy of this form for your records.

PTC USE ONLY		
Received on: _____	Date Presented at PTC Meeting: _____	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount: \$ _____	Account # To Be Expended: _____	Check # (if invoice/receipt already available): _____
Comments: _____		