

REQUEST FOR INTER-LAKES PTO FUNDS

DATE: _____

STAFF MEMBER'S NAME: _____

FUND AND/OR TIER NAME: _____

FUNDS WILL BE USED FOR (example: basket weaving): _____

APPROXIMATE NUMBER OF STUDENTS WHO WILL BENEFIT: _____

AMOUNT REQUESTED: \$_____

IF THIS REQUEST IS APPROVED, ANY CHECK OVER \$200.00 MUST BE MADE PAYABLE TO THE *INTER-LAKES SCHOOL DISTRICT*. IF THIS REQUEST IS FOR UNDER \$200.00, PLEASE MAKE THE PTO CHECK PAYABLE TO: _____

COMMENTS / EXPLANATION (attach sheet if necessary):

Please attach receipts if necessary.

FUNDS EXPIRATION: These funds are intended for the use in the current school year. All funds will expire if not requested and approved or dispersed before the last day of school.

Please do not write below this line.

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Initials of administration (if necessary): _____ Date: _____

Vote required? _____ Date: _____

PTO Officer Initials: _____