



Grandview K-6 PTO



REQUEST FOR FUNDS

Name of Individual/Group _____

Phone No. _____ Best Time(s) to Call _____

Date of Request _____ Amount Requested _____

Date by which Funds are Needed _____

What, if any, other funding sources have you explored (please explain)?

Please state the purpose(s) for which the Requested Funds will be used:

Are you willing to attend the next PTO meeting to discuss your Request (meetings are held the 3rd Tuesday of each month, generally) _____

If your Request is approved, please provide the following information to assist our Treasurer in ensuring the Funds are delivered to the correct Individual/Group/Company:

Make Check Payable to: _____

Address to Which to Send/Deliver the Check: _____

**PLEASE PLACE THIS FORM IN THE PRESIDENT’S HANGING FOLDER
IN THE K-6 PTO “MAILBOX”**

If you have any questions, please feel free to contact the K-6 PTO President for the 2009-2010 school year, Brian Milner at 507-9333 or brianmilner@columbus.rr.com

1065 Oxley Road • Grandview Heights, Ohio 43212