



# CSI PTO - Request for Classroom or Experience Funds

The purpose of the CSI PTO is to serve the students of Campbell School of Innovation, encourage the CSI community to assist with various school activities/functions/services, and provide financial assistance where needs are identified within the school, foster a community atmosphere, and support the mission and vision of the school and school district. Anyone requesting funds from the CSI PTO is asked to complete this form so there is documentation as to how the funds are utilized for the betterment of the CSI community. Thank you for your assistance with this process.

## **DIRECTIONS:**

Please send this **completed form** to the PTO Treasurer via email at [csipto.treasurer@gmail.com](mailto:csipto.treasurer@gmail.com) or give to Michelle Valine in the Welcome Center.

Note: All requests will be reviewed by members of the PTO Board. Please allow 1-2 weeks for fund requests to be reviewed and disbursed.

*\* Upon approval, receipts must be received before a check will be issued.*

Today's Date: \_\_\_\_\_

## **Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ (email will be used to communicate with Requestor)

## **Nature of Request:**

Please help us understand your request by checking the appropriate line below:

\_\_\_ Grade Level Stipend    \_\_\_ Specialist Funding Request    \_\_\_ Experience/Field Trip

Request is a(n) \_\_\_ Item that will stay in the school classroom, \_\_\_ Consumable Item, or \_\_\_ Other

**Short Description:** (Please indicate how the monies will be utilized in the classroom.)

\_\_\_\_\_  
\_\_\_\_\_

## **Funds Requested:**

**Total Amount Requested\*:** \_\_\_\_\_ **Date by which funds are needed:** \_\_\_\_\_

\* Total amount must include shipping costs, if applicable.

**To whom should the check be made out to if not the same as the requestor:** \_\_\_\_\_

Please **attach** a copy of your **receipt(s)** or **invoice** to this form.

-----  
**For PTO use only:**

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Activity/Committee/Grade: \_\_\_\_\_

(Co) President's/Vice President's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved in minutes for payment not previously approved through the budget.

Secretary's signature: \_\_\_\_\_ Date: \_\_\_\_\_