

Franklin/Montessori at Franklin  
PTSA/PTA funding request form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Email address \_\_\_\_\_  
Amount Requested: \_\_\_\_\_ No. of Students Impacted: \_\_\_\_\_  
*\*\*requests over \$500.00 must be reviewed by the EEO Committee: \_\_\_\_\_yes \_\_\_\_\_no*

Reason for Request:

Additional/On-Going Financial Committee: \_\_\_\_\_yes \_\_\_\_\_no  
Funding Source: \_\_\_\_\_Franklin PTSA \_\_\_\_\_Montessori PTA \_\_\_\_\_ Both (building wide)  
(please check one)  
Date of Event \_\_\_\_\_ Payee \_\_\_\_\_  
(if applicable) (individual/company)

*Note: Please submit at least one week prior to the monthly meeting. Attach any supporting documentation. Requests must be approved at a meeting prior to dispersing funds. And receipts must be submitted to the Treasurer (PTSA/PTA mailbox) before funds are reimbursed.*

Approved: _____yes _____no	Date: _____	Amount: _____
Date paid: _____	Account _____	check # _____