

**Dent Middle School PTO
Funds Request Form
2018-19**

PLEASE BE VERY SPECIFIC AND DETAILED FOR EACH QUESTION BELOW

1) ITEM REQUESTED?

2) HOW WILL THIS ITEM BE USED?

3) WHAT BENEFIT IS IT TO THE STUDENTS?

4) HOW MANY STUDENTS WILL IT BENEFIT?

5) MUST COMPLETE - WE REQUIRE AT LEAST 3 COMPARISON PRICES:

VENDOR #1 NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL ADDRESS: _____
PRICE: _____

VENDOR #2 NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL ADDRESS: _____
PRICE: _____

VENDOR #3 NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL ADDRESS: _____
PRICE: _____

Teacher/Administrator - Name: _____

Subject Area: _____ **Grade:** _____

Email Address: _____ **Phone #:** _____

How would you like this to be paid?

1) PTO to reimburse Dent 2) You pay and submit receipt(s) to PTO for reimbursement (quicker)