



SERVICE HIGH SCHOOL PTSA Sports/Activities/Clubs FUND REQUEST FORM

Amount Requested: _____

Date Requested: _____

Department Requested by: _____

Requested by: _____

PTSA Member:

Yes No

Purpose:

***Please attach any helpful information, i.e., unit cost, shipping cost or photo to this request.

Describe Fundraising performed by Club/Sport:

Number of Students/Staff/Community Positively Impacted: _____

Last time the PTSA contributed funds to your Club/Sport/Department: (month/year) _____

Make Check Payable to: _____

Activities Sign-off _____

Date _____

Principal's Signature _____

Date _____

Staff Liaison's Signature _____

Date _____

This request must be reviewed by Eileen Foley, PTSA Teacher Liaison, at least one week prior to the PTSA meeting (second Tuesday of the month). Any request \$500 or higher requires your presence at the meeting. You will be notified by the Friday after the meeting of approval or denial.

For accountability purposes, Service High PTSA requests documentation within two months describing how funds were used.

For PTSA Use Only				
Approved / Denied	Date	Amt \$	Ch #	Budget Item