

Frontier PTSO Fund Request Form

Date: _____

Requested By: _____

Grade Level: _____

Make Check Payable To: _____

Description of Request: _____

Amount: _____

Funds Requested From: (Check One)

- | | |
|-------------------|--------------------------|
| Library | <input type="checkbox"/> |
| Project Idea | <input type="checkbox"/> |
| Publishing Center | <input type="checkbox"/> |
| Wildcat Tales | <input type="checkbox"/> |
| Other* | <input type="checkbox"/> |

* Explanation

Teacher's Signature _____

Note: Checks will be issued once a week on Fridays. Requests must be in by Wednesday afternoon to receive payment on Friday.

Approved _____

Denied _____
Name and Board Position