

**Ithan Elementary PTO, Inc.  
Request for Funds/Reimbursement**

**Committee/Club Name** \_\_\_\_\_

**Name of Person  
Requesting funds:** \_\_\_\_\_

**Description of Activity/Item:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_

**Make Checks  
Payable to:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Date Check needed by:** \_\_\_\_\_  
(Please provide at least one week if over \$500.00 for dual signature)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*\*\*\*Please attach copy of invoice/supporting documentation.**