**Charlton Parent Teacher Organization**

2 Oxford Rd, Charlton, MA 01507

charltonpto@yahoo.com

<http://charltonpto.digitalpto.com>

**Request for Funds**

**This request benefits the following classes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade(s): \_\_\_\_\_\_\_\_**

**Fulfillment of this request will supplement the following educational goals (please check all that apply):**

**[ ]  Scientific** **[ ] Cultural** **[ ] Physical Well-being** **[ ] Other Educational: describe**

**Contact/Requesting Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Event or Materials:** **[ ]  See attachment**

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**Breakdown of Costs:**

**Event/Purchase Cost $ \_\_\_\_\_\_\_\_\_\_\_**

**($\_\_\_\_\_ per bus) x ( \_\_\_\_\_ # of buses) =Transportation Cost +$ \_\_\_\_\_\_\_\_\_\_\_**

 **Tax (if applicable) +$ \_\_\_\_\_\_\_\_\_\_\_**

 **Shipping Charges (if applicable) +$ \_\_\_\_\_\_\_\_\_\_\_**

**Subtotal =$ \_\_\_\_\_\_\_\_\_\_\_**

**($\_\_\_\_\_ per student) x (\_\_\_\_\_ students) = Student Contribution -$ \_\_\_\_\_\_\_\_\_\_\_**

**Total Amount Requested $ \_\_\_\_\_\_\_\_\_\_\_**

**Check payable to:**

**[ ]  CES Student Activity Acct** **[ ]  Heritage Student Activity Acct** **[ ]  CMS Student Activity Acct**

**[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funds to be taken from the following PTO budget line item:**

**[ ]  Cultural Enrichment [ ] Grade \_\_\_\_ [ ] Misc. Discretionary [ ] Specials/Other**

**PTO USE ONLY APPROVED DENIED**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Decision Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check# \_\_\_\_\_\_\_

If denied, list reasons: