

PTA Use Only
Check # _____
Amnt \$ _____

Peebles Elementary School
Parent Request for PTA Funds

Name: _____ Date: _____

Phone Number: _____

Description of event, project, need:

Amount Requested (receipt attached): _____

Please select one of the following:

Send payment with my child

Name _____

Homeroom _____

I will pick up from the PTA mailbox

Please mail the check to my home address

PTA Action: Granted Refused

Treasurer's Signature _____

Requests for Refunds are due within one month of the event
After May 1st, requests are due by the end of the school year