

PTA Use Only
Check # _____
Amnt \$ _____

**Peebles Elementary School**  
**Teacher Request for PTA Funds**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of event, project, need:

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Amount Requested (receipt attached): \_\_\_\_\_

Please select one of the following:

Return to my school mailbox

Other: \_\_\_\_\_

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Principal's Initials: \_\_\_\_\_

PTA Action: Granted  Refused

Treasurer's Signature: \_\_\_\_\_

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