

# PTO Grants & Special Requests

\_\_\_\_\_ Grant

\_\_\_\_\_ Special Request

Name \_\_\_\_\_

**Item(s) requested:**

*Please indicate below how payment is to be made (receipt required):*

*Check payable to you*

*Check payable to business/company (include address to send check to)*

**If you have already purchased items, please attach receipts. If an invoice will be forthcoming, please list the vendor's name & phone number.**

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*PTO Use ONLY*

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

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

*Check #* \_\_\_\_\_