

Barrington

PTO

Special Funding Request Form

Today's Date: _____

Requestor Name: _____

Description of Request _____

Who will benefit from this request and how will it benefit Barrington Elementary? _____

All costs associated with the request including

shipping/handling: _____

Please include the date and initials of the responsible party.

Date reviewed by PTO Exucutive Board: _____

Date reviewed by Planning Team: _____

Date reviewed by Barrington Staff: _____

Date presented to PTO General Membership: _____

Approved: _____ Declined: _____ Tabled: _____

Date funds requested _____

Check Number: _____ Date Issued: _____

Date completed/closed: _____