



Somerville PTO Fund Request Form

Please submit your request for funds to the PTO Treasurer 3 weeks before the funds are needed. If you have any questions please contact us at info@somervillenjpto.com

Date Request Submitted: _____

Requestor Name: _____ Email: _____

Amount Requested: _____ Expense Coverage (circle one): Full / Partial

Reason Funds Requested. Please include as much information as possible:

Check Payable To: _____

Check Due Date: _____

FOR PTO USE ONLY: Request received date & initial: _____

Approved / Rejected - Reason:

Check Number: _____ Date Issued: _____ Date Cleared: _____

Board Member Verification: (Requires two signatures):
