

**Fairfield Elementary PTO  
Request for Funding or Payment**

Date Submitted: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Event/Project  
or Item to be \_\_\_\_\_

Purchased: \_\_\_\_\_

(Describe and give any  
information) \_\_\_\_\_

Date of Event/Project: \_\_\_\_\_

Date Funds or Item Needed: \_\_\_\_\_ Amount Needed: \$ \_\_\_\_\_

Attach Invoice, Receipt, or provide Payee information:

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**APPROVAL**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**DENIAL**

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Treasurer's Use Only:

Category: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Logged: \_\_\_\_\_