



Suntree Elementary School Teacher/Team Request for Payment Form

REQUESTED BY: _____ DATE: _____
GRADE(S): _____

EXPENSE DESCRIPTION AND JUSTIFICATION:

(include link or hard copy/picture if possible)

TOTAL COST: _____

Request to be funded and/or determined by administration _____

TO BE FUNDED BY GRADE LEVEL:

___ Partial ___ Whole Teacher Signature: _____

TO BE FUNDED BY SCHOOL:

___ Partial ___ Whole Principal Signature: _____

Accounting String: _____

TO BE REQUESTED BY PTO:

___ Partial ___ Whole PTO Rep Signature: _____

****If PTO funds are requested, teacher/grade level is required to attend the next PTO meeting.***