



Caring Fund Request

Hyatts Middle School PTO

2008-2009

The **PRINCIPAL** must approve all requests prior to submission to the PTO.

Teacher's Name _____

Team/Department _____

AMOUNT REQUESTED \$ _____

Please describe your request: _____

Student's grade: _____ Date funds needed: _____

Staff member Treasurer should deliver funds to: _____

Received by: _____

Check payable to: (i.e. if funds are going directly to COSI)

Principal's Initials _____	Date _____	PTO Response _____
Amount Dispersed _____	Date _____	Check Number _____