



Oak Grove PTO Request For Funds

Staff Member Name: _____

Amount Requested: \$ _____
(if over \$500, include three comparison prices whenever possible)

Grade Level(s): _____ Approx. # of students that will benefit: _____

Specifically, these funds will be used to purchase the following item(s):

This item or items will be used for the following purposes:

ADMINISTRATOR SIGNATURE _____