

TCWES PTO Special Funding Request Special Item/Project/Program Funding Request

The T. Clay Wood Elementary School PTO has budgeted to fund a limited number of special item/project/program requests for the school year. These 'special' requests will be evaluated at a meeting of the PTO executive committee or monthly member meeting. Requests may be submitted in writing before these meetings. The PTO Executive Board will not take a vote on the requests until the monthly member meetings held the first Thursday of the month at 7pm. Should a monthly meeting be cancelled the Executive Board will vote during their own meeting.

Please review the below process.

1. Special item/project/program requests must be sponsored by a teacher or staff member.
2. Each request must be accompanied by a completed funding request form (<https://tinyurl.com/tcwes-funding>) and necessary supporting documentation.
3. Request must be run by Dr. Buchheit and receive approval prior to submission to the PTO for approval.
4. Sponsoring teacher/staff members must present the request at a PTO meeting.
5. After reviewing all 'special' requests on the monthly PTO meeting agenda, the Executive Board will vote on each individual request. The PTO reserves the right to table a vote on any requests being considered at a PTO monthly meeting until the following meetings agenda.
6. The sponsoring teacher(s)/staff will be notified via email within 48 hours of the PTO meeting.
7. If the item is approved, the PTO requests that an invoice be requested so that the PTO can pay the invoice directly.
8. If the vendor will not generate an invoice for payment, the PTO will reimburse the school or teacher/staff member. A request for reimbursement, including the invoice/receipt, should be submitted to the PTO within 30 days of paying for the item. Reimbursements not accompanied by an invoice/receipt will not be processed.

We look forward to hearing your great ideas!

TCWES PTO Special Funding Request Form

Use this form to request funding assistance for any special item/project/program.

Name of Requestor(s) _____

Email for point of contact: _____

Is full funding being requested? YES NO

Amount requested? \$ _____

Request description/Reason for need. Please give as much information as possible. I.e: targeted learning skill, student grade level/group.

Has Dr. Buchheit approved? YES NO

Have you attached any supporting documents? YES NO

PTO USE ONLY

Approve Denied Date: _____ Date Paid _____ Check# _____

Notes: _____

