



FRANKLIN HIGH SCHOOL PTSO

500 Elizabeth Avenue
Somerset, New Jersey 08873
franklinhsptsogen@gmail.com

PTSO TEACHER FUNDING REQUEST FORM

Date: _____

Funding Request#: _____
(Assigned by PTSO Treasurer)

Teacher's Name: _____

Department/Grade _____

Email: _____

PTSO Paid Member: YES NO

Cell Phone Number: _____

1. If connected with an event or project, please identify:

2. Is this request part of a quote? Yes _____ No _____ (If yes, attach a copy.)

3. Describe how the requested funds will advance the PTSO's mission and who will benefit from the purchased item or activity also include how many students this will benefit.

4. Estimated purchase detail (must be provided) *Shipping costs must be included, if applicable.*

Item	Quantity	Cost/item	Total
		Total Cost:	

Instructions: If you are a paid PTSO member, submit this completed form and all supporting documents to the **Principal** at least one month in advance for decision at the next regularly scheduled PTSO meeting. You will be notified within one week, following the PTSO meeting, whether your request has been approved or denied. If approved, you may then either request a check directly from the PTSO Treasurer or make the authorized purchase and request reimbursement. All final invoices and receipts must be turned in to the Treasurer after purchase.

Every effort is made by the PTSO to be fair and equitable when considering funding requests for teachers, staff, and students. While the PTSO would like to honor all requests for funds, we have a limited amount of funding to work with. The PTSO gives preference to funding requests that will impact as many students, families, and faculty as possible, with consideration given to those that provide a longer-term benefit. Please recognize that every request is considered important, but a requested item or service must advance the PTSO's mission to foster the relationship between school, home, and community for the academic success of all of our students.

Teacher's Signature: _____ Principal's Signature: _____

PTSO Member Assigned: _____