

Swampscott Middle School PTO
Request for Funds

Name of Applicant: _____ Date: _____

Job Title or Position: _____ For the Benefit of Grade(s): _____

Program Description: _____

How this request will improve teaching and learning: _____

Total costs: \$ _____

Please itemize below if applicable:

Item description	Unit cost	Total cost
	Grand Total:	

Approved: Principal signature

Approved: PTO President signature