



Maple Valley Elementary Parent Teacher Organization
Fund Request Form

Amount Requested: _____

Receipt required

Date needed: ____/____/_____ *receipts for reimbursements must be turned in within 30 days from date needed and no later than 7/30/18 for processing for MVE PTO to close fiscal books

Check Payable to: _____

Please give a brief description of the items you will be purchasing and how they will be used:

Signature: _____ Date: ____/____/_____

The MVE PTO meets the 2nd Monday of each month at 5:00pm at Fuller Street. Fund requests will be reviewed and approved or denied at this time. Please present your request and submit completed form at an MVE PTO meeting. If approved, checks will be issued the week following the meeting. Questions can be e-mailed to: mvelionspto@gmail.com



Approved: Yes _____ No _____ Date: ____/____/_____
Reviewed by Principal: Yes _____ No _____ Date: ____/____/_____

MVEPTO Officer Signatures:

1. _____ 2. _____

Check # _____