

**Barrington Middle School PTO
Request for Funds**

Date of Request: _____

Date Check Needed: _____
(if applicable)

Requested by (Full Name and Signature) _____

Check Payable To: _____
(If different from above)

Note: For payments to a company, an invoice with company name and address must be attached.

Amount of Check: \$ _____

Description/Purpose:

Place check in BMS mailbox

Place check in PTO mailbox

Mail Check to:

Project to Be Charged:

___ Arts Alive!
___ Book Fair
___ Career Day
___ Charitable Giving
___ Chess
___ Cluster Fund
___ Hospitality

___ Library
___ Natalie Stein Memorial
___ One Amazing Night
___ Operations
___ Principal's Fund
___ Spirit Wear
___ Variety Show

___ 8th Grade Celebration
___ Other (please specify)

Please attach all receipts and place completed forms in the PTO mailbox. Thank you.

Ritza Dulchinos, BMS-PTO Treasurer
treasurer@barringtonmiddlepto.org

Check # _____ Date: _____
Entered in Quicken _____
For Office Use Only