



Creekside High School PTSO Funding Request Form

Person/Dept/Club Requesting Funds:	
Phone:	
Email:	
Date of Request:	
Reason for funds:	
Amount Requested:	
PTSO Check would be payable to:	
Payee full address if check is to be mailed:	

PTSO Officer Approval: _____ Date of Approval: _____ For PTSO Treasurer's Use Check # _____ Date: _____ Date Mailed: _____
