



REQUEST FOR PTSA FUNDS

AMOUNT REQUESTED: _____

DATE: _____

NAME OF REQUESTOR: _____

PHONE #: _____

ADDRESS: _____

COMMITTEE: _____

SCHOOL: _____

PURPOSE OF FUNDS:

Please staple all of your receipts to this form and return to:

**Melissa Heery, Treasurer
10 Chester Drive
Rye, NY 10580
914-312-7151**