** Briar Woods High School PTSO**

**EDUCATION GRANT Request for Funding**

**Instructions:**

*This form is to be used throughout the school year by a member of the BWHS staff or administration to request funding from the BWHS PTSO****.* We cannot guarantee reimbursement for expenses incurred prior to request for funding.**

1. **Join the PTSO:** All members requesting funds must be members of the PTSO. If you are not a member, join now by clicking on [BWHS PTSO Membership Form](https://www.lcps.org/Page/190830)
2. **Complete this form:** The person completing the form will be the primary requestor. If you have multiple people sending a request, the remaining people should be listed as the secondary requestors.
3. **Submit to Department Chair for signature** as he/she must acknowledge the request.
4. **Submit to the principal for signature:** The principal must approve the request stating there is a need for the requested items, and the items are reasonable.
5. **Bring the form with you to a PTSO Meeting:** The requesting teacher must present the request to the PTSO, and it will be determined if voting will take place at that time.
6. **Once approved, the purchase should be made through BWHS.**
7. **Submit a** [**REQUEST FOR REIMBURSEMENT**](https://www.lcps.org/cms/lib/VA01000195/Centricity/Domain/583/Request%20for%20Reimbursement.pdf) **and attach any paid receipts or vendor invoices. Put in the PTSO Mail Box.**
8. **Please contact Rebecca White at** **bwhs\_ptso\_treasurer@yahoo.com** **or Erin Stevens at** **bwhsptsopresident@yahoo.com** **for any questions.**

** Briar Woods High School PTSO**

**EDUCATION GRANT Request for Funding**

 **For use by BWHS school staff/administration only**

 **PRIMARY REQUESTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(may be one requestor)**

**POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEPARTMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SECONDARY REQUESTOR(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Secondary requestors are optional)**

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT REQUESTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAID PTSO MEMBERS?\_\_\_\_\_\_\_\_\_\_**

**Description of Expense**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*

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**DEPARTMENT CHAIR’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINCIPAL’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The following is for use by the PTSO Treasurer or PTSO President:*

Signature Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_