



# HFFM PTP PreK-8

## Parent - Teacher - Partnership

HFFM PTP PreK-8 • PO Box 173 • Highland Falls, NY • 10922

E-mail: [hffmptfk8@gmail.com](mailto:hffmptfk8@gmail.com) & [fmesptp@gmail.com](mailto:fmesptp@gmail.com)

### PTP SUPPORT REQUEST FORM

**Please submit all requests for the current school year by March 3, 2025.**

#### Procedure for Submitting your Request to the PTP:

- Please email this completed form and invoices or supporting documents for PTP consideration and review to both email addresses, [fmesptp@gmail.com](mailto:fmesptp@gmail.com), [hffmptfk8@gmail.com](mailto:hffmptfk8@gmail.com) and cc your principal **after** HFFMCSD and your Principals' approval.
- For a field trip's admission, please attach a copy of the invoice from the venue prior to your trip. Please note that if supporting documents are not provided we will not be able to process your request. We cannot provide funding unless an invoice is provided **two months** prior to the trip date. PTP must vote to approve and process for payment direct to the vendor.
- Upon the PTP's receipt of your completed Support Request Form, including invoices, the request is reviewed by the PTP Board, and voted on at the next PTP meeting. (PTP meetings occur 1<sup>st</sup> Monday of each month, please plan ahead accordingly)
- Either you and/or the Principal should be in attendance at the PTP meeting following your request, to answer any related questions to assist in a final determination of your submitted Request.

Your Name \_\_\_\_\_

Contact Email: \_\_\_\_\_

Grade(s) \_\_\_\_\_

Date of Event \_\_\_\_/\_\_\_\_/\_\_\_\_

Date PTP Request Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount requesting \$ \_\_\_\_\_

Date Payment Needed \_\_\_\_/\_\_\_\_/\_\_\_\_

Description:

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\_\_\_\_\_  
Principal Approval Signature

\_\_\_\_\_  
Date of Approval

#### Payment Type (check one)

Check in advance (attach invoice)

Reimbursement (attach all receipts)

Check payable to (Enter Venue) \_\_\_\_\_

**NOTE:** Checks will only be made payable directly to venues. The checks will be hand delivered to the Teacher requesting funds not less than 2 days in advance of the due date requested above. Teacher is required to hand carry the checks to the field trip venue at the time of their trip.

#### FOR TREASURER USE ONLY

Date Requested \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved

Denied (Rationale on back)

Signature of PTP Treasurer \_\_\_\_\_

Check Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_