



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 page and mail to:

**Erin Ahrens, Treasurer RNPTSA
507 The Parkway
Mamaroneck, NY 10543
203-524-7140**

**or scan and send receipts in one PDF email to:
Treasurer@ryeneckptsa.org**