

HMS PTO REQUEST FOR FUTURE FUNDS 2017

Please place this form along with supporting documentation in the PTO mailbox in the main office by May 1st. Any questions, contact Alice Waverley at futurefunds@hmspto.org

DATE: _____

REQUESTOR NAME: _____

GRADE/SPECIALTY: _____

EMAIL: _____

PHONE: _____

Detailed description of funding request:

Please indicate beneficiaries within the HMS community of this request:

Pricing Information:

Unit Price \$	Quantity	Estimated Shipping	Estimated TOTAL COST **

*** Please attach supporting information or cost detail, links to product website, or vendor.*

(OVER)

Will there be any recurring/ongoing costs associated with this item? If so, what are those costs? How will they be paid?

Additional information or comments:

FOR PTO USE ONLY:

___ Approved in the amount of \$ _____

___ Need further information, explain: _____

___ Unable to fulfill request at this time

Evaluation Process Notes:

Future Funds Chair: _____ *Date:* _____