



**CHAGRIN FALLS PTO**  
**PROFESSIONAL DEVELOPMENT FUND**  
 Application and Check Request Form  
 2016-2017



**PROCEDURE:**

- Attach documentation regarding the nature of the conference, dates and fees
- Obtain signatures in the following order
  - Building Principal
  - Financial V.P.
  - Superintendent
- You will be notified of the final determination by the PTO via email

Requestor: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date needed: \_\_\_\_\_

Request is for:      High School       Intermediate School   
                          Middle School       Gurney School

Topic of seminar or training: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

Number of teachers/staff attending: \_\_\_\_\_

Attendees: \_\_\_\_\_

Cost per person: \_\_\_\_\_

Total amount requested: \_\_\_\_\_

Make check payable to: \_\_\_\_\_  
 (include address where  
 you would like check  
 to be sent)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved by:

Building Principal	<input type="text"/>	Date	<input type="text"/>
Financial V.P.	<input type="text"/>	Date	<input type="text"/>
Superintendent	<input type="text"/>	Date	<input type="text"/>

TREASURER'S USE ONLY

Check # \_\_\_\_\_  
 Date paid \_\_\_\_\_

SEND THIS FORM TO: Financial V.P.  
 Janelle Ranieri  
 janelleranieri@yahoo.com  
 30 Glenridge Ct  
 Chagrin Falls, Ohio 44022