

LTHS TEACHER WISH LIST – PTO REQUEST FORM

Name:

Department:

Purpose and class/group benefit:

of Students benefiting: _____

Item/Description	Quantity	Unit Cost	Subtotal
Shipping			_____
TOTAL			_____

Please remember, funds are very limited. It is our goal to obtain as many donations as possible to fund all of the item sin our budget and to fund as many necessary items that will be requested. Thank you for taking the time to put your wish list together and feel free to attach additional information.

****Please Return to Principal Brents' Mailbox by September __, 201_****

For PTO Use:	Date received:
Reviewed by Prin. Brents: _____	Reviewed by: _____
Reviewed by: _____	Funded? [] yes [] no
Approved by vote? [] yes [] no	