



PTO Request Form



Name: _____ Date: _____

Item(s) Requested: _____

Purpose: (Used For)

Is this item a necessity for your classroom? Yes No

Store or Vender:

1. _____

2. _____

Price: \$ _____ \$ _____
(2 estimates are needed if the item cost more than \$250.)

Amount Requested: \$ _____

Are you a member of CHES PTO? Yes No

Signature: _____

(Request are due in writing 1 week prior to the regularly scheduled meeting. Request will be voted on at the meeting: so the staff member must be present to answer any questions regarding their request.)

PTO USE ONLY:

Date Received _____

Date Approved _____

Officer's Initials _____