

Teacher Name(s): _____

Date: _____

Grade Level(s): _____

School Email: _____@gilbertschools.net

PTA Request Form

****Request forms must be submitted to Dr. Fleming at least 1 week prior to the upcoming PTA meeting****

Do you prefer this item be paid by: (please circle one)

Personal Reimbursement OR District PO OR Check to Vendor

Administration Approval Initials

Item Requesting: _____

How will this impact students: _____

Description of Item (Name, Model #, etc.) Include picture if possible: _____

Exact cost of item: _____

Does this amount include tax? (please circle one) YES or NO

Does this amount include shipping? (please circle one) YES or NO

Where can this item be purchased?

Store / Website Address: _____

Address: _____

City, State, Zip: _____

Other Costs, Info, or Details: _____

Administration Approval Signature: _____ Date: _____

PTA Approval Signature: _____ Date: _____

FOR PTA USE ONLY

Paid Date: _____ Method: _____ PO # / Check # _____