CONSOLIDATED PTO

Maxi Grant Request Form

Teacher's Name: _____

Date: _____ $ Amount Requested: _____

Please describe your request including what the benefit would be for your class:

_____

_____

_____

_____

Please provide detailed cost information (including shipping charges, tax etc):

ITEM $ AMOUNT

_____

_____

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_____

PTO USE ONLY:

Executive Board Approval:_____ General Meeting: YES NO

Date Check Issued:_____ Check #_____ $Amount_____

Receipts received: YES NO