# CLASSROOM PURCHASE REQUEST

**School:** _____

**Teacher:** First: _____ Last: _____

**Classroom Requesting:** _____

**Date Requested:** _____

**Classroom Supply Request:**

**Category:**

- ☐ Classroom Supplies
- ☐ Books / Magazines / Software / Subscriptions
- ☐ Furniture
- ☐ Toy or Manipulative
- ☐ Cleaning Supply
- ☐ Organizational Supply

**Item Name:** _____

**Quantity:** _____

**Reason for Need:**

_____

_____

_____

**This form is to be filled out before the purchase of an item(s) to determine if PTO funds can be used to pay for the approved purchase(s).**

**Include any 'shipped' or 'delivered' notification along with the order/payment notification.**

_____
Administrator Reviewed (Signature)

☐ Approved School Purchase

_____
PTO Reviewed (Signature)

☐ Approved PTO Purchase