**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO: EMS PTSA EXECUTIVE BOARD**

**FROM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Staff Member(s) requesting*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Department Marking Request*

**RE:**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Specific item (s) Requested. i.e. books, safety glasses, activity*

**This request has the support of all members of the department (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe the request here in detail.

What is the timeline for implementation?

What student outcomes do you anticipate achieving through the request?

How many students will benefit?

**APPROXIMATE COST:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_*Teacher to Purchase (PTSA to reimburse teacher) \*Please attach receipt and reimbursement form\**

\_\_\_\_*Building to Purchase (PTSA to reimburse building) PO # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please route in the following order for review and approval:**

**Kristian Dahl** Approved: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

**PTSA President(s)** Approved: Date:

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Line Item:

**PTSA Treasurer** Date Completed: Check #:\_\_\_\_\_\_\_\_\_\_\_