

Applicant: Date:

School: HPS HUES Amount Requested:

Email address or phone (preferred method of contact if there are questions):

Description of request including the number of students who will benefit and the impact to the elementary educational program, both immediate and ongoing:

Was this request ever submitted as a proposed budget item in the past or will it be for next year? If so, please describe the outcome.

If approved, would you prefer the PTA to order the item or would you like to order and submit a receipt for reimbursement?

Please provide an order form or detailed information for your request, as appropriate. Include description of items, vendor name, and/or total projected cost including shipping. (Submittal of two or more vendor options is helpful.) Requests in excess of 10% of budget ($\_\_\_\_) will be voted on at the next PTA general meeting. All others will be reviewed and granted on a rolling basis. Please contact Kelley Simonian (Kelley.m.simonian@gmail.com) with questions or to expedite request process.

Bill Aldrich Signature: Date:

(for technology requests only)

Principal Signature: Date:

Principal Comments:

PTA Approval/Disapproval: Date: