



## 2016-2017 GRANT REQUEST FORM

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Department Head: \_\_\_\_\_ Department: \_\_\_\_\_

Vendor/Catalog: \_\_\_\_\_ Website/Phone: \_\_\_\_\_

DESCRIPTION OF ITEMS REQUESTED	ITEM #	PRICE	QUANT.	TOTAL COST

(Please attach vendor catalog/page)

Total for items from this vendor/catalog: \$ \_\_\_\_\_

Plus estimated Shipping and Handling: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

**REMINDER: WE DO NOT PAY SALES TAX**

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Rationale for requested items:

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Benefits whom:

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**COMPLETED GRANT REQUESTS SHOULD BE SUBMITTED TO THE PRINCIPAL FOR APPROVAL**

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

PTO Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**PTO Grant Committee:**

Date Ordered: \_\_\_\_\_ Expected Shipping/Delivery Date: \_\_\_\_\_

**Tax Free ID# 85-8014894811C-5      Effective: 7/31/2013      Expiration: 7/31/18**

Total Cost: \_\_\_\_\_ Check #: \_\_\_\_\_

- **QUESTIONS?** Contact Sharon Zerwekh, PTO Treasurer, 904.373.0376 or [sharonzerwekh@gmail.com](mailto:sharonzerwekh@gmail.com)