



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

Rationale for requested items:

Benefits whom:

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**