



2018-2019 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: 7/31/2018 Expiration: 7/31/2023
Total Cost: _____	Check #: _____

QUESTIONS? Contact Krissy Gailfoil, PTO Treasurer, 502.751.9255 or krissy.ptotr.pvhs@gmail.com