

# CLASSROOM PURCHASE REQUEST

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Classroom Requesting: \_\_\_\_\_

Date Requested: \_\_\_\_\_

## Classroom Supply Request:

### Category:

Classroom Supplies

Books / Magazines / Software / Subscriptions

Furniture

Toy or Manipulative

Cleaning Supply

Organizational Supply

Item Name: \_\_\_\_\_

Quantity: \_\_\_\_\_

### Reason for Need:

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This form is to be filled out before the purchase of an item(s) to determine if PTO funds can be used to pay for the approved purchase(s).

\_\_\_\_\_  
Administrator Reviewed (Signature)

Approved School Purchase

\_\_\_\_\_  
PTO Reviewed (Signature)

Approved PTO Purchase