

LTHS TEACHER WISH LIST - PTA REQUEST FORM

Name:

Department:

Purpose and class/group benefit:

of Students benefiting: _____

Item/Description	Quantity	Unit Cost	Subtotal
Shipping			
TOTAL			

Please remember, funds are very limited. It is our goal to obtain as many donations as possible to fund all of the items in our budget and to fund the many necessary items that will be requested. Thank you for taking the time to put your wish list together and feel free to attach additional information.

**** Please Return to Principal Brents' Mailbox by September 21, 2008 ****

<p>For PTA Use:</p> <p>Reviewed by Prin. Brents': _____</p> <p>Reviewed by: _____</p> <p>Approved by vote? [] yes [] no</p>	<p>Date received: _____</p> <p>Reviewed by: _____</p> <p>Funded? [] yes [] no</p>
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