

LWE PTO Teacher Wish List/Check Request

(when you have a wish to be fulfilled)



Personal Information

Date: _____
Name: _____
Grade/Area: _____
Group Benefited: _____

Request Information

Description of Item/Purpose:	Details
_____	Vendor: _____
_____	_____
_____	Qty: _____
_____	Unit Price: \$ _____
_____	S&H: \$ _____
_____	Total Requested: \$ _____
_____	Date Requested By: _____

Treasurer's Box

Amount Approved/Check Amount:
_____/_____
Date Approved/Check Date:
_____/_____
Check Number/Initials:
_____/_____
Budget Line Item/PO Number:
_____/_____

Final Details

Accepted by (Team Leader):

Accepted by Principal:

Date Submitted to PTO:

Thank you!!

Check Request

Merchandise received by Lakeway Elementary, please cut check to vendor.