

LWE PTO Teacher Wish List**



Personal Information

Date: _____
Name: _____
Grade: _____
Group Benefitted: _____

Request Information

Description of Item/ Purpose:

Vendor:

Request Details

Quantity: _____

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:

Approval:

Accepted by Team Leader:

Approved by Principal:

Date Submitted to PTO:

**** Wish lists must be received no later than 1 week prior to the PTO General Meeting!**

Thank You! Your PTO Treasurer

Questions? lweptotreasurer@gmail.com