

**Ashburn Elementary School PTO  
Teacher/Staff Funding Request Form**

Contact Name: \_\_\_\_\_ Grade/Class: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Requested Item(s) or Service(s) – Please list each item or service needed and exact quantities of each:

\_\_\_\_\_  
\_\_\_\_\_

Description of Usage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Projected “life time” of usage: \_\_\_\_\_ Projected # of students benefiting: \_\_\_\_\_

Cost Breakdown: Please include cost of each item, project total cost and shipping and handling expenses:

\_\_\_\_\_  
\_\_\_\_\_

Projected maintenance needed: \_\_\_\_\_

Intervals for projected maintenance: \_\_\_\_\_

Cost projections of maintenance: \_\_\_\_\_

Name of vendor chosen: \_\_\_\_\_

Names of vendors not chosen: \_\_\_\_\_

Why recommending this vendor?: \_\_\_\_\_

Date needed: \_\_\_\_\_

Other forms of funding possibly available: \_\_\_\_\_

Reviewed by Mrs. Walthour? \_\_\_\_\_

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*Please attach any quotes, photos, item descriptions or other pertinent information. Place in PTO box, VP of Academics.*  
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**For PTO USE**

Committee assigned to: \_\_\_\_\_

\_\_\_ Approved \_\_\_ Declined By: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Category: \_\_\_\_\_ Additional Information: \_\_\_\_\_