



Loring PTO Wish List Request Form 2011

REQUEST BY:

Name:		Date:	
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DESCRIPTION OF ITEM(S) REQUESTED:

HOW WILL THIS BE USED IN THE CLASSROOM OR THE SCHOOL?

GRADES BENEFITED: K 1 2 3 4 5 **COST INFORMATION:**

Approximate Costs:	
Any annual costs associated with this purchase (i.e. annual maintenance or subscription charge)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, indicate amount and explain:	

ANY URGENCY TO THE PURCHASE OR OTHER TIMING CONSIDERATIONS?

NOTE:

PLEASE SUBMIT FORM TO LORING PTO (via email to cartymf@comcast.net or leave in Treasurer's Mailbox in School Workroom

Signature		Date	
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FOR PTO USE ONLY

Date reviewed by PTO	
Date reviewed by Jeff Dees/ Stephen Whiltshire	
Resolution:	