

Granby Public Schools

REQUEST FOR DONATION FROM:

- PTO** **MUSIC PARENTS** **BOOSTER CLUB**
 Other _____

Name of person making request _____ Date _____
 Program _____ Level _____

Justification for request

Approximate Price _____ (Please attach photocopy of any equipment)

Is the purchase wearing apparel for the student's personal use and will be kept by the student (request limit of \$25 per student) YES _____ NO _____

Is the purchase for a non-budgeted piece of equipment for a specific program to be inventoried as part of the Granby Public Schools Inventory? YES _____ NO _____

Is the purchase for non-budgeted uniform or warm-up suits for a specific program to be inventoried as part of the Granby Public Schools Inventory? YES _____ NO _____

Athletic Director/Principal Approval _____ YES _____ NO
 COMMENTS:

Signature: _____ Signature: _____

School Committee Approval _____ YES _____ NO
 COMMENTS:

Signature: _____

Organization Approval _____ YES _____ NO
 COMMENTS:

Signature: _____

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Adopted October 4, 2004

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