

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 _____

* Requires prior school committee approval.

Athletic Director _____ YES _____ NO
COMMENTS:
Signature: _____

Principal Approval _____ YES _____ NO
COMMENTS:
Signature: _____

Organization Approval _____ YES _____ NO
COMMENTS:
Signature: _____

Superintendent Approval _____ YES _____ NO
COMMENTS:
Signature: _____ Date organization notified of approval: _____

School Committee Approval _____ YES _____ NO
COMMENTS:
Date of School Committee Vote _____

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