



\$100 STAFF GRANT FOR CLASSROOM EXPENSES

Staff Member: _____ School Year: _____

Grade/Class: _____ Room: _____

*Please attach receipts for your classroom expenses if you have them.

*All forms must be submitted to the PTA Office or mailbox by May 27th.

GRANT REQUESTED FOR:

STAFF SIGNATURE: _____ DATE: _____

PTA Use Only:

Paid: _____ Check #: _____ Date: _____

Approved by: _____