



Teacher/Staff Request Form

Teacher: _____ Date of Request: _____

Department: _____ Number of students request will benefit: _____

Representative who will be attending the meeting (required if over \$75):

Amount Requested: _____

Description of item(s) being requested:

Description of why item(s) are being requested:

Administration Authorized Signature _____

Executive Committee Authorized Signature _____

Approved _____ Denied _____

Date of Approval/Denial _____

*Please note that if item(s) are approved by Kellis Community Booster Executive Committee, a receipt will have to be present for payment of item(s).

*****Please email all signed requests to KellisCommunityBooster@gmail.com & LTartaglio@PUSD11.net.**