



Rankin's P.F.K.

Teacher / Staff Request Form

Name: _____

Date: _____

What would you like funded from P.F.K. ?

Item	Qty	Price	Total

Where will this be purchased from?

1. _____
2. _____
3. _____

How many students will it benefit? _____

Please share comments about your request (use the other side if necessary):

Date Received: _____

Approved? _____ Yes _____ No

Signature

Date