



Adolphus Elementary PTO Teacher/Staff Request for Classroom Consumables

Date Requested: _____ Date Needed: _____

Name: _____

Grade: _____ Subject: _____

1. Consumables will be fulfilled by Adolphus PTO. You tell us what you need; we will get it for you. **You will not need to submit a reimbursement form.**
2. **PLEASE SUBMIT YOUR REQUEST A WEEK BEFORE CONSUMABLES ARE NEEDED.** Otherwise your request may not be fulfilled.
3. Each teacher is allowed to request \$100 worth of classroom consumables for each semester (once in the fall and once in the spring).
4. Only one request per teacher per semester. **You cannot submit multiple requests that add up to \$100.**

✓	CONSUMABLE	TYPE/BRAND	SIZE	QUANTITY

I have read and support this “Teacher/Staff Request for Consumables.”

Stacy Boarman, Principal

Please email a copy of the approved form to Heather Owens at treasurer@adolphuspto.org.
Thank you!