

Request forms will be accepted up to 7 days prior to the monthly PTC meeting for vote. Requests submitted without the required information and/or after the cut-off will be presented for vote at the PTC meeting the following month. The 2023/2024 PTC Meetings are: 9/12, 10/10, 11/14, 1/9, 2/13, 3/12, 4/9 and 5/14 in the Northview Library at 6:00pm.

School:	Northview	Parkside	Today's Date:		
Amount Re	quested:		Event Date:		
<b>Vendor/Con</b> (Example: Ama	n <b>pany:</b> zon)				
**REQUIRED: itemized list or shopping cart with pricing**					
Deposit Rec	uired?:				
	Yes; Depo	sit Amount:	Deposit Due:	Balance Due:	
	No; Full Payment Due:				
Payment address: (If PTC is mailing payment)					
Additional information regarding payment; if not addressed above:					
Teacher Requesting: Grade(s):				irade(s):	
(Limit 1: Teacher in charge-responsible for this request/reimbursement funds)					
# of students this mini grant would benefit:					
# of student	ts this mini gran	nt would benefit:			
			e used and how the students wou	ıld benefit:	
			e used and how the students wou	ıld benefit:	
			e used and how the students wou	ıld benefit:	
	ribe how your re	equest/\$ would be	e used and how the students wou your school Principal for appro		
	ribe how your re Pl	equest/\$ would be			
Please desc Principal's S	ribe how your re Pl ignature:	equest/\$ would be ease submit to y		val	
Please desc Principal's S Please emai	ribe how your re Pl ignature:	equest/\$ would be ease submit to y	your school Principal for appro	val	
Please desc Principal's S Please emai	ribe how your re Pl ignature: I signed PTC mi	equest/\$ would be ease submit to y ni grant request f	your school Principal for appro	val	
Please desc Principal's S Please emai PT	ribe how your re Pl ignature: I signed PTC mi C APPROVED:	equest/\$ would be ease submit to y ni grant request f YES EMAIL	your school Principal for appro form to: PTC@perued.net NO DATE:	val Date:	