

Glidden-Ralston Booster Club Purchase Request

WE ENCOURAGE REQUESTS FROM ANY AND ALL DEPARTMENTS AT
GLIDDEN-RALSTON SCHOOL

Date of Request: _____

Name: _____

Department/Grade: _____

Description of Request: _____

Estimated Total Cost: _____

Date Item is Needed: _____

Instructions:

1. Please present completed form at the time of request. If you have a written estimate or invoice please attach to this form.
2. Please present your completed request to the president of the G-R Booster Club before the next scheduled meeting so your request will appear on the agenda.
3. Please be present to make your request at the next regularly scheduled G-R Booster Club meeting.

Office Use:	
A/D Date:	
Amount:	
Check #:	
Paid Date:	