

# **REQUEST FOR TEACHER STIPEND**

Name \_\_\_\_\_

Grade/Subject: \_\_\_\_\_

In a sentence or two, please describe what you purchased and how it will be used to enhance your classroom. We would like to share how PTO funds are being used with parents of our students.

Please Note: All requests must be made between November 15<sup>th</sup> and January 15<sup>th</sup> unless previously approved.

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