

Amount: \$

Bush Middle School

Partners In Education

Funds Request

Teacher Name:		Amount Requested: \$
Email:		Phone Number:
Date Submitted:		No ASAP's please):
Item(s) requested:		
Item	Vendor	Estimated Price
	Estimated Tota (with tax & sl	
If more space is needed please	-	
•	e of the requested items, including owill impact the curriculum. (Attach	details such as how many students will additional sheets as needed.)
BMS	P.I.E. contact for grants: bmspie@pa	artnersineducation.in
Date: P.I.E. Acti	on: APPROVED/DECLINED Reason	ning:

Receipt No.:

Check #