

# Troy Support Organization

## Teacher Wish List Request Form

TEACHER \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_  
Teacher email \_\_\_\_\_ Teacher Work Phone \_\_\_\_\_

### \*ITEM REQUESTED-DESCRIPTION

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### MODEL # SPECIFICATIONS- SUGGESTED VENDOR(S)/ PRICES (attach backup)

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### ACADEMIC BENEFIT/ HOW DOES THIS ENHANCE THE CURRICULUM?

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### CLASSROOM PURPOSE

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Dept. Leader Signature of Approval \_\_\_\_\_

\_\_\_\_\_ Please purchase immediately with allocated funds

\_\_\_\_\_ Please add to wish list only at this time

PLEASE SUBMIT THIS FORM TO YOUR DEPARTMENT LEADER FOR FORWARDING TO  
**TROY SUPPORT ORGANIZATION**

**\*TSO will not grant purchases for regular classroom supplies, textbooks or furniture. Please make sure  
all items requested are curriculum enhancements**

Date Rec'd by TSO \_\_\_\_\_ Date of TSO Board Approval \_\_\_\_\_ Date of Principal approval \_\_\_\_\_