

PTO PROJECT REQUEST FORM
FOR ANY ADDITIONS OR CHANGES



Chandler Unified School District #80
1525 West Frye Road | Chandler AZ 85224
(480) 812-7000

Date: _____ School: _____ Organization Requested By: _____

TECHNOLOGY PURCHASE REQUEST

Description: _____

Items to be Purchased: _____ Number of Items: _____

Academic/Educational Justification: _____

Specifications: _____

Additional Liabilities or Support Requested of CUSD: _____

If website subscription, apps or software, is it on the approved software list? (www.cusd80.com/software) Yes No
If technology hardware, is it on the approved hardware list or the current warehouse catalog? (www.cusd80.com/hardware) Yes No

SHADE STRUCTURE PURCHASE REQUEST

Approximate Size: _____ Location: _____

Color of Shade Fabric: _____ Color of Posts: _____

OTHER PROJECT REQUEST – Be Specific

Description: _____ Location: _____

FUNDING

Estimated Cost: _____

Are funds available now? Yes No If No, when will they be available? _____

PTO Authorized Signature: _____ Date: _____

Principal/Administrator Signature: _____ Date: _____

Assistant Superintendent Signature: _____ Date: _____

PLEASE SUBMIT TO THE OFFICE OF ELEMENTARY EDUCATION
Allow 30 days for review and processing.

PROJECT APPROVED

PROJECT DENIED

Notes: _____

Superintendent's Signature

and/or

Associate Superintendent's Signature

Date