

CIS TEACHER WISH LIST-PTA REQUEST FORM

Name:

Grade:

Purpose and class/group benefit

#of Students benefiting: _____

Item/Quantity	Merchant	Cost	Subtotal

Shipping:

Total:

Thank you for taking the time to put your wish list together and feel free to attach additional info.

****Please Return to addressed to Tonia Padilla****

<p>For PTA Use:</p> <p>Reviewed by: _____</p> <p>Charged to what account: _____</p> <p>Treasurer's Signature: _____</p> <p>Date iss _____</p>	<p>Date received: _____</p> <p>Reviewed by: _____</p> <p>Check Number _____</p>
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