

Liberty Ridge Elementary PTA

Proposal Request

Name: _____ **Date:** _____

Position: _____

Date needed if applicable: _____

Request: _____

Cost: _____

Who benefits: _____

(Particular class, grade or grades, whole school, etc.)

How long beneficial: _____

(i.e. will above benefit next year & years to come, or just this year)

Is it replacing something else: _____

If no, then why is it needed? _____

Why isn't applicable to another payer (district, class allocation, Wendy's, etc.):

Any other information to aid in approval:

Approved: Yes No

By:

Date:

Reason for denial: