

# Throckmorton Collegiate ISD

## Teacher Request for Classroom Supplies

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

What supplies are needed: \_\_\_\_\_

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Have you priced matched: YES                      NO, if not do so!  
(Circle yes or no)

Where are you wanting items purchased from: \_\_\_\_\_

\_\_\_\_\_  
\*\*INCLUDE A SCREENSHOT OF ITEMS IN THE CART SO WE WILL KNOW EXACTLY WHAT TO ORDER AND BE SURE TO SPECIFY THE QUANTITY AND ATTACH TO THIS FORM.

**TEACHER'S SIGNATURE:** \_\_\_\_\_

**PRINCIPAL'S SIGNATURE:** \_\_\_\_\_

**SUPERINTENDENT'S SIGNATURE:** \_\_\_\_\_

TCISD 8/2019                      BUSINESS OFFICE RECEIVED: \_\_\_\_\_

ORDER COMPLETED: \_\_\_\_\_

BUSINESS MANAGER'S SIGNATURE: \_\_\_\_\_