



INDIAN MILLS HOME & SCHOOL ASSOCIATION
 SHAMONG TOWNSHIP SCHOOL DISTRICT
 295 Indian Mills Road
 Shamong, NJ 08088

HSA WISHLIST REQUEST FORM 2017-2018

STAFF MEMBER NAME: _____

PHONE NUMBER/EXT: _____

EMAIL ADDRESS: _____

Please complete this form in its entirety and obtain your Principal's signature. If requesting software and/or online subscriptions, please also obtain a signature from the Technology Department. Once complete, please return form to the Home and School mailbox or you may scan and email it to Mary Brooks at mmelch0816@gmail.com. In order for your request to be reviewed and considered, you or a designated alternate will be required to attend one of the IMHSA monthly board meetings to explain the nature of the request. Wish list requests submitted after the monthly IMHSA meeting will be discussed during the following month's meeting.

SUMMARY: _____

Principal Signature: _____ Technology Signature: _____

*Note: If approved by the HSA board for purchase, the IMHSA Treasurer will purchase and forward an email to your attention advising an order will be purchased after BOE approval. Upon receipt, please reply to the IMHSA Treasurer confirming all times/services were received. A Purchase Order Request form must also be completed.

Quantity	Item Number	Description	Unit Price	Total Price
Shipping and Handling:				
Total Cost:				
Vendor: _____				
Address: _____				
Address: _____				
City: _____				
State: _____			Zip: _____	
Ship to: IMS or IMMS (circle one)				