Washoe County School District

Children in Transition
Item Purchase Request

Date:_____
School:_____
Advocate:_____

Submit to Tori **Submit to Terrie**
Submit to Nicole **Submit to Monica**

This form is to be used when requesting items to be purchased through CIT such as, school clothing, uniforms, hygiene, school supplies, etc.

Student Name	ID #	Gender	School	Item	Size

Notes/Special considerations:_____

_____

_____

_____

Received by:_____ Date received:_____