**PCS Request to Use Federal Funds Form**

School Name:  Request Date:

Explain the purpose and rationale behind this purchase request - how does this relate to your Prioritized Plan; how will it ensure all students (especially those most at risk of failing) meet challenging state academic standards, how will this supplement current instructional practices:

What school improvement goal does this purchase address?

What district strategic plan goal does this purchase address?

Brief description of items to be purchased:

Vendor:

Budget Code:

Estimated Cost of Request:

|  |
| --- |
| Staff Workshop Related:  [ ] Yes   [ ] No (If no, you do not complete this section)Workshop Date: Registration Deadline:  Name of Workshop: Names of Staff Members Attending: \*Include a copy of the Estimate of Travel Expense Form\* |
| Technology Related: [ ] Yes   [ ] No (If no, you do not complete this section)Quantity being purchased: Price per unit: |

Key Questions

1. Is it necessary? [ ]  Yes [ ] No
2. Is it reasonable? [ ]  Yes [ ] No
3. Is it allowable? [ ]  Yes [ ]  No

Principal Signature:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_              Date: \_\_\_\_\_\_\_\_\_\_\_\_

                                                *May be electronic*

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For Federal Programs Use:

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Federal Programs Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

\*\*This form should be submitted and approved PRIOR to purchasing any items or booking any travel.\*\*

Each of the underlined sections MUST be completed!