**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*

++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

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!