**PCS Request to Use Federal Funds**

School Name:  Click or tap here to enter text. School Number:   Enter text.

Date funds are needed:  Click or tap here to enter text.

Purpose of the purchase (how does this relate to your Title I plan):

Click or tap here to enter text.

What school improvement goal does this purchase address?

Click or tap here to enter text.

What district strategic plan goal does this purchase address?

Click or tap here to enter text.

Description of items to be purchased:

Click or tap here to enter text.

Vendor: Click or tap here to enter text.

Budget Code: Click or tap here to enter text.

|  |
| --- |
| Workshop Related:  [ ] Yes   [ ] No Workshop Date: Click or tap here to enter text. Registration Deadline: Enter a date. Name of Workshop: Click or tap here to enter text. Names of Staff Members Attending: Click or tap here to enter text.\*Include a copy of the Estimate of Travel Expense Form\* |
| Technology Related: [ ] Yes   [ ] No Quantity being purchased: Click or tap here to enter text.  Price per unit: Click or tap here to enter text. |

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.\*\*