



**School Advisory Council Request for the Use of Funds**  
*Requests must be made 1 week prior to the SAC Meeting*

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Purpose of the funds requested: \_\_\_\_\_

What Part of the School Improvement Plan will these funds address?  
 \_\_\_\_\_

How will you measure its effectiveness or impact?  
 \_\_\_\_\_

*In order for this project to be funded by the School Advisory Council, you will be required to provide a 5 minute presentation on how it has been used to improve the school and/or the quality of teaching you are able to provide. Do you agree to this? YES NO*

How much funding support do you require?

<b>EXPENSE</b>	<b>COSTS</b>	<b>DATE NEEDED</b>	<b>Description</b>
Materials Needed	\$		
Technology Needed	\$		
Registration Fees	\$		
Travel Expenses	\$		
Hotel Expenses	\$		
Per Diem	\$		
Other	\$		
Other	\$		
<b>TOTAL</b>	<b>\$</b>		

.....  
 Date Presented to SAC: \_\_\_\_\_ Request Approved \_\_\_\_ Request Denied \_\_\_\_

SAC Chair Signature \_\_\_\_\_ Principal Signature \_\_\_\_\_

SAC Co- Chair Signature (if applicable) \_\_\_\_\_