

Creekside High School School Advisory Council (SAC)



Funds Request Form

Name: _____ **Date:** _____

Request for budget funds (Describe briefly your request, stating purpose, title, dates, and how it relates to school improvement goals.)

Cost Involved (Please be as specific as possible, including items such as shipping costs for materials. For conference, or travel, please remember to include registration costs, travel expenses, parking, hotels, meal estimates, substitute costs, which are currently at \$100.00 per day).

Substitute needed? (If missing school day, this is necessary) ___ yes ___ no

Recommendation for Approval

Principal: _____ **Date:** _____

SAC Chairperson: _____ **Date:** _____