Request for Approval
For
Implementing a Student Incentive Program

Description of Purpose: _____

_____

_____

_____

Number of Students Served: _____

Projected Beginning Date of Project:_____

Projected Ending Date of Project:_____

Maximum Cost: _____

Request Initiated by: _____ _____
(signature) (title)

Supervisor: _____ _____
(signature) (title)

Date: _____

Superintendent's Determination: θ Approved θ Denied

Explanation: _____

_____

_____

Signature: _____ Date: _____

Distribution: Original to Fiscal with P.O.
Copy to requester
Copy to supervisor
Copy attached to pink copy of P.O.