

**Request for Approval
For
Recognition or Appreciation Award**

Proposed Recipient Name: _____

Proposed Recipient Title/Position: _____

Reason for Recognition: _____

Maximum Cost: _____

Request Initiated by: _____
(signature) (title)

Supervisor: _____
(signature) (title)

Date: _____

Superintendent's Determination: Approved Denied

Explanation:

Signature: _____
(signature) (title)

Distribution: Original to Fiscal to attach to invoice
Scan of approved copy electronically attached to P.O.