Osceola Elementary School
Request for Funds – SAC

_____ _____ _____
Today's Date Date Submitted to SAC Date Needed

Individual Requesting Funds:_____

Funds will be used for: (please attach appropriate literature or documentation)

_____
_____
_____
_____

Materials purchased with these funds will be used by:

_____
_____
_____

Total cost (to include shipping and handling): $_____

Vendor Name:_____

Address:_____

Phone:_____ Website:_____

Check made payable to: _____

Signature of Individual Requesting Funds: _____

APPROVALS:

_____ _____
SAC Chair Date

_____ _____
SAC Co-Chair Date

_____ _____
Principal Date