**MAINLAND HIGH SCHOOL ADVISORY COUNCIL**

**SAC FUNDS REQUEST FOR**

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| --- |
| **Purpose of request, with alignment to the School Improvement Plan:** |

**Date Request Approved:**

**Date Request Denied:**

**Reason for denial:**

**TO: MAINLAND’S SCHOOL ADVISORY COUNCIL DATE:**

**FROM:**

**Re:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of SAC Funds Request (include details of items)** | **Quantity**  | **Price**  | **Total Cost** |
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**GRAND TOTAL**