

Brownsville Independent School District
Migrant Education Program



Secondary Campus Distribution Form for Supplemental Support

Campus _____ Funding Year: 20____ - 20____

PO # _____ Vendor: _____

Items purchased with current year funds must be distributed to currently enrolled migrant students

Name of Person Requesting the Supplemental Support _____

Relationship to student: __self __ parent __ principal __ teacher __ nurse__ migrant clerk

Type of Supplemental Support Being Requested:

Give brief explanation as to why the supplemental support listed above is being requested:

____ PFS Migrant Student _____ Migrant Student Grade Level _____

| Student's Name | NGS # | Student's Signature |
|----------------|-------|---------------------|
| | | |

If school supplies are being provided, list the supplies:

Print Name of Person Distributing Items: _____ Date: _____

White copy : Send to MEP Office Attention: Linda Montero, lead clerk.
Yellow copy: Campus Copy - attach all distribution forms to a copy of the Purchase Order and keep on file for 7 years for audit purposes.
 The distribution will be documented on New Generation System (NGS) as required by the grant.