

Western Placer Unified School District

Request for Expenditure of Medi-Cal Funds

Date: _____ Requester: _____

Requester's Email Address: _____

Site: _____ Program: _____

Check one: ☐ Please consider at Medi-Cal Collaborative meeting (most proposals fall under this category)

☐ Please consider for pre-approval (special rules apply)

1. Proposal (brief synopsis):

2. Total Amount of Funds Requested (must include shipping and tax):

3. Number of Students Affected: _____ (Use whole number)

4. Please List Other Sources of Funding Attempted:

5. Description of Proposal (proposal rationale and details regarding student benefits):

6. Requirements (incomplete proposals will be returned):

If conference – complete and attach conference registration form and itinerary

If purchase – complete and attach Purchase Order Request Form along with attachments

If Technology – need Director of Technology's signature

Requester's Signature: _____ Date: _____

Site Administrator's Signature: _____ Date: _____

Director of Technology's Signature: _____ Date: _____

Office Use Only

MCC Meeting Date: _____ ☐ Approved \$ _____ ☐ Denied

- or -

_____ Date: _____

Tammy Forrest per Medi-Cal Collaborative pre-approval

