



CTE DISTRICT FUNDING REQUEST

(DSD ERAF must accompany this form. Please follow district bid process if required.)

THIS WILL NOT BE APPROVED IF NOT SUBMITTED BACK AS A FULLY FILLABLE FORM FOR DIGITAL SIGNATURES

School Year: _____ Location #/School Name: _____

Educator Name(s): _____

1. Give a brief description of the project, equipment, or supply that you are requesting.
2. What is the requested amount? _____
3. Will school funding be used for purchase? ____ If yes, how much? _____
4. List account # to transfer funds into _____
5. Have you sought approval from your building principal to ensure your physical facility can accommodate the new equipment? (For example, a large piece of equipment that may require voltage or exhaust that the school may not be set up for; software purchase request approved by the school STS.)

Principal or STS Signature _____

Educator _____

CTE Coordinator (Jr. high or high school) _____

CTE Director _____

(District CTE Office Use Only)

Transferred amount _____ From Account _____ Date _____