



SDMC Request for All-School Funding

Your name: _____ Date Submitted: _____

Your e-mail: _____ Phone number: _____

Circle Your Department:

English Math PE Science History World Language
Film Musical Theater Visual Arts Dance Theater Music

Department Chair Name/Signature: _____
(Department Chairs, please submit a copy of your request to SDM Accountant by the due dates provided.)

Principal's Signature: _____

**approval from Principal required for All-School Fund expenditures

Total Funds Requested: \$ _____

**attach itemized list to include vendors, tax and shipping

What are you requesting?

How will this potential expenditure meet student needs and impact achievement school-wide?

Is this an initial order or reimbursement that meets the expense requirements? (If ordering it must be over \$75 from each vendor. If reimbursing it must be no more than \$200.)

- Initial order over \$75
- Reimbursement under \$200

Is this item new or will it replace an old/broken item? Please explain. If it is replacing a broken or old item please you will need to return it to LACOE prior to purchase.

- New Purchase
- Replacement: We will dispose of the old/broken equipment in the following manner:

Where will these items be stored? (Electronics must be stored in a locked storage unit.)

If you ordered electronics, did you include storage cases or do you already have them?

- Storage cases were included in my order
- These are replacement items that will fit in the old cases
- Not Applicable

If the product is Apple, did you include "Apple Care Protection" for 3 years?

- Yes
- Not Applicable

If you ordered a computer, did you include the \$45 Microsoft Office License and free virus protection?

- Yes
- Not Applicable

How many students will be impacted by this purchase this year? _____

Will the items purchased be reusable in future years?

- Yes
- No

State Standards, School or WASC goals Addressed (required):

****REMEMBER TO ATTACH AN ITEMIZED LIST OF EXPENSES and include TAX and SHIPPING**