

SAN JUAN UNIVERSITY

-supporting excellence in professional development

FUNDING REQUEST FORM

1. REQUEST – List the specific training cost based on accurate costs *including registration, travel, substitutes, tax, etc.*

Teacher _____ School _____ Date _____

SUMMARY OF AND REASON FOR REQUEST (Ex: Why are you requesting this professional development?)	
VENDOR:	TOTAL AMOUNT (including Tax):

2. APPROVAL OF REQUEST

Principal signature _____ School _____ Date _____

PRINCIPAL COMMENTS (Approval, any adjustments to original request)

3. DISTRICT OFFICE FINAL APPROVAL OF REQUEST

Business office designee _____ Title _____ Date _____

4. SAN JUAN UNIVERSITY FOUNDATION OFFICIAL ACTION

Award Date _____ Amount of expenditure _____

Signature _____

Final date allowable for expenditures or encumbrance _____

Check box for: General Donations Specifically Designated Funds

DELIVERABLES AND COMMENTS
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SJU Foundation Designee _____ Title _____ Date _____

Please initial here _____ if the SJISD will authorize up to \$_____ additional expenditures in the case of cost overages.

5. BUSINESS OFFICE

Budget code _____ Business office designee _____ Date _____

Teacher/Building Office notified of Award – Date _____ what method _____

6. TEACHER SIGN OFF UPON RECEIPT OF TRAINING and USE OF FUNDS

Name _____ Date of receipt of materials _____

TEACHER FINAL COMMENTS
