

Form 561.1 LCSD Outreach Fund – Outreach Request / Report Form

To: Community Education Coordinator
FROM:

DATE: _____ SCHOOL: _____

Initial requests can be made through email, scan or phone calls for confirmation we have funds and request meets the criteria.

REQUEST

Items Required	Quantity	Approximate Cost

REQUEST GRANTED: _____

DATE AUTHORIZATION SENT BACK TO SCHOOL: _____

Bottom portion of form is to be completed once purchases have been made and forwarded with copies of receipts.

Date of Purchase	Items Purchased	GST	Total Amount
TOTAL			

AUTHORIZED & COMPLETE: _____

For Office Use Only