



**LCSD OUTREACH FUND
Outreach Request / Reporting 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 Amount

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	Actual Amount
TOTAL		

AUTHORIZED & COMPLETE: _____

Allocation: 1-2-21-170-362-530-000