

## SDMC Request for Department Funding

Your name:		Date Submitted: Phone number:	
Your E-mail:			
Are you requesting	Circle Your Department:		
All-School Funds?	English Math PE	Science History	World Language
🗆 Yes 🛛 No	Film Musical Theater	Visual Arts Dance	Theater Music
Department Chair Name:_			
Department Chair Signatur	·e:		
**approval required by Ch (Department Chairs, please sub			ue dates provided.)
Total Funds Requested: \$		oping	
What are you requesting?			
How will this potential exp	enditure meet student ne	eds and impact achie	evement?
Is this an initial order or re must be over \$75 from ea		• •	· •

□ Initial order over \$75

 $\Box$  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?

 $\Box$  Storage cases were included in my order

 $\Box$  These are replacement items that will fit in the old cases

 $\Box$  Not Applicable

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

🗆 Yes

 $\Box$  Not Applicable

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

🗆 Yes

 $\Box$  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