

THE FOUNDATION OF LA JOLLA HIGH SCHOOL FUNDING REQUEST FORM



Date: _____ Department/Sport/Other: _____

Name: _____ Amount Requested: \$ _____
(Teacher, Staff Member, Coach) (Include Tax and Shipping Charges)

Item: _____

Who and how many people will benefit from this request? _____

Need/Use of Requested Item: _____

Make Check Payable to: _____

Signature of Department Chair, Athletic Director, Vice Principal:

_____ Date: _____

Supporting Documentation MUST be attached, including items to be purchased and costs!

PLACE REQUEST FORM IN PRINCIPAL'S BOX FOR APPROVAL

Recommended for approval: ___ Yes ___ No

Comments: (Include amount and source of any other funding available)

Signature of LJHS Principal: _____ Date: _____

Foundation Recommendation for approval: ___ Yes ___ No

Funding Source/s: _____

Amount granted: \$ _____

Signature of Committee Chair: _____ Date: _____