

WESTERN SUBLETTE 9 BOCES FUNDING REQUEST FORM

Any request for funding from the Western Sublette 9 BOCES must be accompanied by this form. The completed form must be presented to the BOCES Director by the 10th of the month prior to the board meeting where action is desired. *Requests made by Sublette County School District #9 must first be approved by SCSD9 Administration. A signed copy of this form must also be presented to the SCSD9 Business Office if SCSD9 will incur the initial cost associated with this request and subsequently be seeking reimbursement from Western Sublette 9 BOCES.*

Requestor Name:				Date of Request:	
Request is For:	<input type="checkbox"/> Salary/Benefits	<input type="checkbox"/> Travel	<input type="checkbox"/> Purchased Service	<input type="checkbox"/> Supplies	<input type="checkbox"/> Equipment
<p>Please describe funding request, providing specific details of travel (including who is going, where, & when), purchases (what is being purchased, from who, when) etc:</p>					
Amount Requested:			Approximate Date Funds Needed/Used:		
Rate the priority of this request. 1 – WANT 2 – LIKE TO HAVE 3 – NEED 4 – CRITICAL			How many students or community members do you expect to benefit from this?		
For all Software/Tech Equipment Purchases a Technology Review Signature is Required:					
SCSD9 Administration Signature(s)					

----WESTERN SUBLETTE 9 BOCES USE ONLY----

BOCES Board Meeting Date: _____

Approved/Rejected: Approved Rejected Rejection Reason: _____

Amount Approved: _____

SCSD #9 to incur initial expense Yes No Copy sent to SCSD #9 Business Office on _____

BOCES Director Signature: _____ Date: _____