

# 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: \_\_\_\_\_

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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
<b>TOTAL</b>			

AUTHORIZED & COMPLETE: \_\_\_\_\_

<b>For Office Use Only</b>