

Parents Supporting Education Request for Funding

Date: _____

Requested by: _____

Project/Program Title: _____

Program Event Date(s): _____

Description of how the funds will be used: _____

How will the students and/or classroom benefit from this activity, equipment, or project? _____

How would you like the fund disbursed? Check Payable Reimburse DUSD

Check payable to: _____

Whenever possible, upon receiving funds from PSE, all items purchased with PSE funded monies become property of Denair Middle School and are to stay on the site.

Additional funding over the amount originally requested and/or awarded is subject to further PSE board approval and is not guaranteed.

By signing below you agree with the above conditions

Request by Signature

Principal Signature

PSE Use only:

Approved

Denied

Board Meeting Date: _____

Check #: _____ Date Funded: _____