**School Finance Request Form**

*All requests should benefit the learning of students.*

Date of Request: Teacher’s Names: Teacher’s Department:

Room #: Date Needed By: Purchase Price:

Title and Description of Item(s) Requested for Purchase:

Briefly describe how this purchase will affect the learning of the student population at AK.

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***To be completed by the Finance Committee.***

Date of Decision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved:\_\_\_\_\_ Not Approved:\_\_\_\_\_

Amount Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasoning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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