

York Public Schools Foundation Request

Name: _____ Building: _____

Item(s) Requested:

Price:

Vendor _____

Shipping _____

Total _____

How will this be used? _____

How will this benefit students? _____

Additional Comments: _____

(Please feel free to use an additional sheet if necessary to provide the best information possible.)

Principal Comments: _____

Recommended: ___ **Recommended w/ Reservation:** ___ **Not Recommended:** ___

Superintendent Comments: _____

Recommended: ___ **Recommended w/ Reservation:** ___ **Not Recommended:** ___

Foundation Board

Approved: _____ **Amended:** _____ **Denied:** _____

Fund: _____ **Date:** _____