Pre-Acquisition Approval Form

Person Making Request: _____ ***Date:*** _____

Complete Expenditure Code: _____

Campus: _____ ***Position:*** _____

CIP / DIP **(circle one)**

Goal, objective and strategy that references this expenditure: _____

CIP/ DIP Description: _____

Funds requested:

- ☐ ***General***
- ☐ ***Title III***
- ☐ ***McKinney-Vento***
- ☐ ***SSI***
- ☐ ***HSA***
- ☐ ***Title I, A***
- ☐ ***TANF***
- ☐ ***DATE***
- ☐ ***SCE***
- ☐ ***Activity***
- ☐ ***Title II, A***
- ☐ ***Title IV, B***
- ☐ ***Carl Perkins***
- ☐ ***Title I C***
- ☐ ***OEYP***
- ☐ ***Title I, A Stimulus***
- ☐ ***Title XIV, SFSF***
- ☐ ***IDEA-B Stimulus***

Vendor **(check made to):** _____

Address: _____

Phone: _____ ***Fax:*** _____

Brief description of the item(s) requested (also attach order form):

_____

_____

Rationale supporting how this will increase student achievement:

_____

_____ ***COST:*** _____

(Include shipping)

If this pre-acquisition is for staff development, please indicate how you will embed your staff development training into practice on your campus.

_____

_____

_____

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