

DADE COUNTY SCHOOL SYSTEM
Request for Expenditure

School _____ Date of Request _____

Names of person/persons attending: *(if applicable)*

Meeting/Workshop Title and Location: *(if applicable)*

Date of Meeting/Workshop _____

1. **Type of expenditure:** *(May mark more than one)*

- Substitute for release time for teacher training. Explain. _____

- Other substitute. Explain. _____
- Materials & Supplies. Explain. _____
- Travel _____
- Consultant for training. _____
- Parent Involvement _____

2. **Estimated total cost of each item.**

3. **Is the expenditure identified in your School Improvement Plan? What need does it address?**

4. **Has the expenditure been approved by your School Leadership Team and identified in the Team meeting minutes. (Title I Schools)** _____

5. **Type of funds to be used.**

- Title I
- Title II
- Title IV
- Special Education
- Other: _____

Request submitted by (principal's and/or director's signature): _____

For Central Office Use:

Approved: _____ Yes _____ No

Approved/Denied by: _____

Code for Leave Form: _____