

Lakeridge High School

PACER PARENT CLUB FUNDING REQUEST FORM for School Year 2010 - 2011

Date of Request _____ Date Needed _____ Amount \$ _____

Requested by (department / group name): _____

1. Describe proposed project and how students will benefit:

Other comments: _____

Vendor:

Items: (please list)

REQUEST REVIEW/PRIORITY RATING

Principal Comments / Priority Rating:

Signed _____ Date _____

Pacer Parent Club Finance Committee recommendation: _____

Disposition of funding request: _____

Approval by PPC: YES [] or NO [] or DEFER [] Date: _____

Comment: _____
