

Fine Arts Boosters Equipment/ Supplies Application

Present Date: _____

Teacher's Name: _____

Contact Information: _____ (include cell phone, email)

School: _____

Associated Class: _____

Estimated Budget for Equipment/Supplies: _____
(please attach cost estimates from at least 3 vendors for all supplies/equipment)

Vendor of Choice: (with contact information) _____

Alternative Resources for Funding: (ie., Fund raising, grants, awards, etc.)

Amount Requested from Fine Arts Boosters: _____
(please specify allocation of Booster funds)

School Board / Department Approval: _____yes _____not yet

For Booster Use Only

Date Received: _____

Booster Action Taken: _____

Booster Executive Staff Initial: (must have 2 signatures) _____

Check No.: _____ **Issue Date:** _____