|  |  |
| --- | --- |
| **FACULTY GRANT REQUEST FORM*** *Type or Print and handwrite this form.*
* *To type, place the cursor in in the box next to or below requested data and type your answer. The box will expand if you need more space.*
 |  |
| **PHSAcF Officer Use Only** |
| **DATE:** |  |  | **APRROVED:** | **YES NO** |
| **FACULTY MEMBER:** |  |  | **AMOUNT APPROVED:** | $ |  |
| **DEPARTMENT:** |  |  | **AUTHORIZED BY:** |  |
| ***Please read Faculty Grant Information Sheet for detailed instructions.****(Errors can delay approval and/or processing of your grant.)* |
| **TYPE OF GRANT REQUEST:** *Place an X in the box to the left of your answer.* |
|  | Electronics or Furniture – attach quote from PHS Bookkeeper |
|  | Book(s) – attach quotes from Barnes & Noble and/or Complete Book |
|  | Order from educational website – attach website info and completed order form |
|  | Purchase from local store – attach pricing info and confirmation that in-store pickup is available |
|  | Reimbursement – must be preapproved; attach pricing information |
|  |
| **ITEM** | **ITEM** **LAWSON #** **(*if applicable*)** | **VENDOR NAME** **& LAWSON #** | **QTY** | **PRICE EACH** | **TOTAL COST** |
|  |  |  |  | $ |  | $ |  |
|  |  |  |  | $ |  | $ |  |
|  |  |  |  | $ |  | $ |  |

*Need another line? Place the curser in the last box to the right above and push the tab key.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Please complete the additional questions on the next page.*** | **SUBTOTAL:** | $ |  |
| **Shipping & Handling** **and/or Sales Tax:** | $ |  |
| **TOTAL OF REQUEST:** | $ |  |

***Please help us better understand the purpose and impact of your request by answering the following questions to the best of your knowledge. If inapplicable, put N/A.***

*Place the cursor in the box below each question and type your answer. The box will expand if you need additional space.*

|  |
| --- |
| **Please provide a general description of what you are requesting and how it will be used.** |
|  |
| **What class or school group will benefit from this expenditure?** | **Estimate the number of students who will use the item(s).** |
|  |  |
| **Is/Are the item(s) usable more than one academic year?** *Place an X in the box to the left of your answer.* |
|  | YES |  | NO |
| **Estimate the number of years each item will be useful.** |
|  |
| **Is any element of this expenditure helping students needing financial support (e.g. a request to provide something students in your class/group cannot afford)? If so, please describe in only general terms.**  |
|  |
| **Have you requested a grant in the pass? If so, what was the result?** |
|  |
| **Are you eligible for funding from any other organization** (e.g. PHS Athletics Foundation, PHS Band Boosters, etc.)? |
|  |

**Thank you very much for taking the time to provide this information.**