SANFORD SCHOOLS LEGACY FOUNDATION
REQUEST FOR SUPPORT

Date Submitted	Date Item Needed
ADMINISTRATOR SUBMITTING REQUEST	**DEPARTMENT SUBMITTING REQUEST**
BRIEF DESCRIPTION OF REQUEST	**ESTIMATED TOTAL COST (s&h, install, etc)**
VENDOR NAME	**VENDOR ADDRESS**

Item #	Item Description	Each/Case	QTY	Unit Price	Amount
Please provide a quote/estimate from the vendor to support the items listed below.					
				Subtotal	
				Ship/Hand	
				Install	
				TOTAL	

For Legacy Use Only

Date Received: _____

Received By: _____

Reviewed by Exec Committee On: _____

Funding Source (CTE, Ath, Unrest): _____

Decision (Approved/Denied/Pend): _____