

**MILL SPRINGS ACADEMY 2010-11
STAFF REQUEST FOR PVA FUNDS**

Your Name	
Today's Date	
Your Department	
Date of Last Request for Your Department	
Purpose of this Request	
Which Students/How Many Students Will Benefit from this Request	
Amount of Funds Requested	
If a Competitive Product or Service, Have Bids been Obtained? If so, please indicate this information (attach separate sheet if necessary)	
Signature of Your Department Head or Individual to Whom You Report	

FOR PVA USE ONLY

Approved _____ Disapproved _____ Date _____

Approved With Changes/Conditions (explain) _____

PVA President

PVA Treasurer