

SPIRIT PACK FEE APPROVAL FORM

Person Requesting _____ Date of Request _____

Department _____ Class/Course _____

Requested Fee Charge \$ _____ *(Not to exceed Board approved amount of \$250)*

Current Account Balance \$ _____ Verified by School Finance Secretary _____
INITIALS

Rationale for Fee: *(Please detail what the school program needs are)*

Expenditures: *(Be as specific as possible with projected costs)*

Cost per Student:

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

Advisor/Teacher Signature

Date

Approved Amount Approved \$ _____

Denied Comments _____

Principal Signature

Date