## SPECIAL EDUCATION FUND REQUEST FORM

Part I: To be completed by individual requesting f ATTACH SUPPORTING DOCUMENTS	unds.			
Company Ordered From:				
Send to:				
Name of Individual Requesting Funds:				
Building:				
Description of what you are requesting:				
Why it is needed:				
Is the need documented in a student's or students' If				
Age, initials, and disability of Student(s) utilizing requ				
B-2 3-5				
Estimated Cost, include shipping & handling:				
Bill Back District, if applicable:				
Part II: RRSEC Member District Purchase Ackno	wledgement			
authorized signer must be obtained prior to the RRSE below, you acknowledge and approve RRSEC procee financial responsibility of the purchase.				
Signature of Authorized Signer	District		ate	
Part III: To be completed by Administrative Speci	al Education Coordinator or P	rincip	oal	
<b>Eligible and Necessity Determination Questions:</b>				
1. Is the item an allowable expenditure for the final	nce code being considered?	Y	or	N
2. Would this item be purchased if there were no Si	PED services?	Y	or	N
If no, it may not be eligible. If yes, it is not allowa	ble.			
3. Is this cost also generated by students without disabilities?		Y	or	N
If no, it may be eligible. If yes, it is not allowable.				
4. Do general education students receive the same	services and use the same	Υ	or	N
type of equipment? If no, it may be eligible, if yes	s, it is not allowable.			
Director of Special Education Signature or Administra	ative Coordinator or Principal	D	ate	
Budget Code:				

**REVISED 12/2022**