

REQUEST FOR BOARD APPROVAL OF SUPPLEMENTAL MATERIALS

Prior to submission, be sure to check [DestinyWeb](#) to see if requested item is board approved. If it is, please use Form TXT1003

Requestor

Contact Name _____ School/Department _____
 Contact Phone _____ Contact E-Mail _____
 Teacher _____ Principal/Dept Head _____

Material Requested

Title _____ Quantity Requested _____
 Publisher _____ Unit Cost _____
 Author(s) _____ Estimated Total _____
 Edition _____ ISBN _____

Course Information

Course _____ Grade Level(s) _____ % of Classroom Usage? _____

Board Meeting Information

Who will be present for Questions at Board Meeting? _____

Purpose _____

Justification _____

School Principal _____ Date _____
Signature

Funding Information

Budget Code _____

Funding Source M & O ALE Deseg Title 1 Other: _____

Program Overview (600 character limit)

Program of Study (400 character limit)

Justification for Book Request (400 character limit)

Description of Text (400 character limit)

District Office Use Only

Elementary/Secondary Leadership	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Occasional	
<i>E-Signature</i> _____			Date _____
Curriculum & Instruction	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
<i>E-Signature</i> _____			Date _____
Finance	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Not Confirmed	
<i>E-Signature</i> _____			Date _____
Teaching & Learning	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
<i>E-Signature</i> _____			Date _____
Scheduled Board Meeting Date	_____		